

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000088297

**FILED**  
**Mar 31, 2005**  
**Secretary of State**

**Entity Name:** FAMILY REALTY SERVICES OF NAPLES, LLC

**Current Principal Place of Business:**

6064 TOWNCENTER CIRCLE  
NAPLES, FL 34119

**New Principal Place of Business:**

1330 RAIL HEAD BLVD. # 4  
NAPLES, FL 34110

**Current Mailing Address:**

6064 TOWNCENTER CIRCLE  
NAPLES, FL 34119

**New Mailing Address:**

1330 RAIL HEAD BLVD. # 4  
NAPLES, FL 34110

**FEI Number:** 33-8609811

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHERWOOD, RICHARD C JR.  
6064 TOWNCENTER CIRCLE  
NAPLES, FL 34119 US

**Name and Address of New Registered Agent:**

SHERWOOD, RICHARD C JR.  
1330 RAIL HEAD BLVD. # 4  
NAPLES, FL 34110 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RICHARD C SHERWOOD JR.

03/31/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: LAST MINUTE INVESTME, NTS OF NAPLES, INC.  
Address: 6064 TOWNCENTER CIRCLE  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LAST MINUTE INVESTME, NTS OF NAPLES, INC.  
Address: 1330 RAIL HEAD BLVD. # 4  
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RICHARD C SHERWOOD JR.

PRES

03/31/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date