

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089562

FILED  
Jul 05, 2005  
Secretary of State

**Entity Name:** NAPOLEON REAL ESTATE GROUP, LLC

**Current Principal Place of Business:**

303 NE 187 ST  
APT 726  
MIAMI, FL 33179

**New Principal Place of Business:**

5401 NE 2 AVE  
SUITE B  
MIAMI, FL 33137

**Current Mailing Address:**

303 NE 187 ST  
APT 726  
MIAMI, FL 33179

**New Mailing Address:**

18926 NW 56 CT  
OPA LOCKA, FL 33055

**FEI Number:** 20-2018177      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

JHONSON, NAPOLEON  
303 NE 187 ST  
APT 726  
MIAMI, FL 33179 US

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

JHONSON, NAPOLEON  
18926 NW 56 CT  
OPA LOCKA, FL 33055 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: JHONSON NAPOLEON

07/05/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FRANCOIS, BETSY N  
Address: 303 NE 187 ST # 726  
City-St-Zip: MIAMI, FL 33179 US

**ADDITIONS/CHANGES:**

Title: DR (X) Change ( ) Addition  
Name: FRANCOIS, BETSY N  
Address: 18926 NW 56 CT  
City-St-Zip: OPA LOCKA, FL 33055 US

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: JHONSON NAPOLEON

MR

07/05/2005

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