

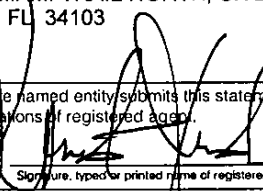
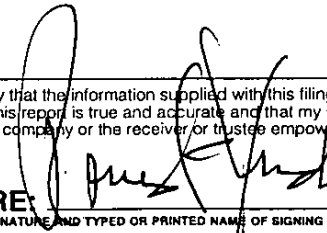


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90039 027 ****50.00

DOCUMENT # L04000091272 1. Entity Name VERDI NAPOLI, LLC					
Principal Place of Business C/O BOND, SCHOENECK & KING, P.A. 4001 TAMiami TRAIL NORTH, SITE 250 NAPLES, FL 34103			Mailing Address C/O BOND, SCHOENECK & KING, P.A. 4001 TAMiami TRAIL NORTH, SITE 250 NAPLES, FL 34103		
2. Principal Place of Business 2828 Tamiami Trail North Suite, Apt. #, etc.		3. Mailing Address 2828 Tamiami Trail North Suite, Apt. #, etc.			
City & State Naples, Florida		City & State Naples, Florida		4. FEI Number 04072005 Chg-LLC CR2E083 (10/03)	
Zip 34103	Country U.S.A.	Zip 34103	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ZUNDEL, ROBERT C JR C/O BOND, SCHOENECK & KING, P.A. 4001 TAMiami TRAIL NORTH, SITE 250 NAPLES, FL 34103				7. Name and Address of New Registered Agent Name Ronald S. Freedman Street Address (P.O. Box Number is Not Acceptable) 2828 Tamiami Trail North City Naples	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code 34103	
SIGNATURE  Ronald S. Freedman, Registered Agent <small>Signature, typed or printed name of registered agent and firm, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4/22/05	
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Ronald S. Freedman 2828 Tamiami Trail North Naples, Florida 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify 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 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 		Ronald S. Freedman, Manager		DATE 4/22/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small> 289-261-0602 x22	