

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073294

FILED
Apr 26, 2006
Secretary of State

Entity Name: FOUR FORTY ONE HOLDINGS, LLC

Current Principal Place of Business:

26381 SOUTH TAMIAMI TRAIL, SUITE 300
BONITA SPRINGS, FL 34134

New Principal Place of Business:

26381 SOUTH TAMIAMI TRAIL
SUITE 300
BONITA SPRINGS, FL 34134

Current Mailing Address:

26381 SOUTH TAMIAMI TRAIL, SUITE 300
BONITA SPRINGS, FL 34134

New Mailing Address:

26381 SOUTH TAMIAMI TRAIL
SUITE 300
BONITA SPRINGS, FL 34134

FEI Number: 43-1987531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONROY, J. THOMAS III
C/O CONROY, CONROY & DURANT, P.A.
2640 GOLDEN GATE PARKWAY, SUITE 115
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NASHMAN, JAMES A
Address: 26381 SOUTH TAMIAMI TRAIL, SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGR () Delete
Name: SCHMITZ, NORMAN W
Address: 3554 HALDEMAN CREEK DRIVE, #132
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JAMES A NASHMAN

MGR

04/26/2006

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