## FILED Mar 16, 2006 8:00 am Secretary of State 02-27-2006 90828 001 \*\*\*150.00

The above named wide submiss this statement for the outcome of changing is registered agent, or both, in the State Organization of Gustes (the SAYVIEW AVENUE)  APPLES, FL 34108  Principal Pace of Business  Suith, Apr. 4, sec.  Suite, Apr. 4, sec.  Suite, Apr. 4, sec.  Suite, Apr. 4, sec.  City, 5 State  C	DOCUMENT # L05000119896				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-2006 90828 001 ****150.00	
THE BLOWN NAMES  THE BL		NAPLES, LLC					
The ADVINE WATNUE  APPLES, FL 34108  Pericipal Place of Dusiness  Suith, Apt. #, etc.  Suith, Apt. #, etc.  Suith, Apt. #, etc.  Suith, Apt. #, etc.  Cry. State	Principal Place o	/ Business	Mailing Address	<del></del>	1	•. • • • •	
Suits Apt #, stic.    Suits Apt #, stic.   Suits Apt #, stic.   CR2E083 (11/05)	164 BAYVIEW AVENUE NAPLES, FL 34108		164 BAYVIEW AVENUE			·	
City's State  City's State  Coy's State  Coy	2. Principal Plac	e of Business	3. Mailing Address				
Zo	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02062006 Chg-LLC	CR2E083 (11/05)	
Steen Address of Country	City <sub>a</sub> s State		City & State		4. FEI Number 20 - 3927840		
RELIE MARC 64 BAYVIEW AVENUE APPLES, FL 34108  Cry  Cry  FL  Zip Code  FL  Zip Code  Cry	Zip	Country	Žíp	Country		d S5.00 Additional	
Street Address (P.O. Box Number is Not Acceptables)  City   FL   Zip Code    City   FL   Zip Code    The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept on obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept on obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept on obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept on obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept on obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept on obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept on obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept on obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept on obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept on obligations of registered agent, or both, in the State of Florids.  INTEL MANAGENG MEMBERS / MANAGERS   DATE   DATE    INTEL MANAGENG MEMBERS / MANAGERS   DATE   DATE    INTEL MANAGENG MEMBERS / MANAGENG   Date   Date   Date    INTEL MANAGENG MEMBERS / MANAGENG   Date   Date   Date    INTEL MANAGENG MEMBERS / MANAGENG   Date   Date   Date    INTEL MANAGENG MEMBERS / MANAGENG		6. Name and Address of Curr	ent Registered Agent	Name	7. Name and Address of New	w Registered Agent	
City FL Zip Code  City Florida Cepartment of Florida I am familiar with, and accept one obligations of registrored agent.  City Fling Fee Is \$50,00  Due by May 1, 2008  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  City St. 2P  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  City St. 2P  MAPLES, FL 34108  Change Addition  MEMBER MORES  City St. 2P  Change Addition  MANAGING MEMBERS/MANAGERS  City St. 2P  Change Addition  MANAGER MORES  City St. 2P  Change Addition  MANAGING MEMBERS/MANAGERS  Change Addition  MANAGING MEMBERS/MANAGERS  Change Addition  MANAGING MEMBERS/MANAGERS  Change Addition  MANAGING MEMBERS/MANAGERS  Chang	164 BAYVIE	WAVENUE		Street Address		(P.O. Box Number is Not Acceptable)	
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.  IGNATURE    Superate, hybrid or protect name of impatered agent and list if exclusive.   POPTE Requested Agent agreement requested when memberry	NAPLES, FL	34100					
THE MARK STREET ADDRESS CITY-S1-2P Classings and size in expectable in expectable in process of the internation of the process						<u> </u>	
MARE MARC   Delete   TITLE     Change   Addition   RECLUE, MARC   MARE   STREET ADDRESS   CITY-S1-2P   Change   Addition   Change   Change   Change   Addition   Change   Change   Change   Addition   Change   Change	Elil.	an Foo la \$80.00	gart and title if applicable. (NOTI	E: Registered Agent aignature requ	N	lake check payable to	
MARE MARC   Delete   TITLE     Change   Addition   RECLUE, MARC   MARE   STREET ADDRESS   CITY-S1-2P   Change   Addition   Change   Change   Change   Addition   Change   Change   Change   Addition   Change   Change	9	MANAGING MEN	MBERS/MANAGERS	10.	ADDITIO	NS/CHANGES	
THE Change Addition  MAKE  MAKE  MAKE  STREET ADDRESS  CITY-SI-2P  Delete  TITLE  MAKE  STREET ADDRESS  CITY-SI-2P  Change Addition  Addition  TITLE  MAKE  STREET ADDRESS  CITY-SI-2P  Delete  TITLE  MAKE  STREET ADDRESS  CITY-SI-2P  TITLE  STREET ADDRESS  CITY-SI-2P  TITLE  MAKE  STREET ADDRESS  CITY-SI-2P  Change  Addition  Addition  ADDRESS  CITY-SI-2P  Change  Addition  ADDRESS  CITY-SI-2P  Change  Change  ADDRESS  CITY-SI-2P  Change	NAME F STREET ADDRESS 1	REIJE, MARC 84 BAYVIEW AVENUE	Delete	NAME STREET ADDRESS		Change Addition	
INV.ST-2P    Change   Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete .	NAME Street address		☐ Change ☐ Addition	
MANE SIRRET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE MANE SIRRET ADDRESS CITY-ST-ZIP  TITLE MANE MANE SIRRET ADDRESS CITY-ST-ZIP  TITLE MANE MANE SIRRET ADDRESS CITY-ST-ZIP  1.1. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true end 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 flability company or the recigivare-thystee empowered to execute this report as required by Chapter 608, Florida Statutes.	TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	NAME STREET ADDRESS		☐ Change ☐ Addition	
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INVEST ADDRESS CITY-ST-ZP  11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 outh; that I am a managing member or manager of the limited flability company or the receives—resisted empowered to execute this report as required by Chapter 608, Florida Statutes.	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME Street address		☐ Change ☐ Addillon	
indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under outh; that I am a managing member or manager of the limited liability company or the received empowered to execute this report as required by Chapter 608, Florida Statutes.	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME STREET ADDRESS		— — Change 🗀 Addition	
SIGNATURE: 1/2/0/0x 239.498.0801	indicated or	while remost in this and accurate	and that my signature shall have	the same lens! affact as i	f mede under offth that I am e me	I further certify that the information naging member or manager of the	
	SIGNATU	IRE-			2/10,	ac 239-498-0801	



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2006

F3 & H3 OF NAPLES, LLC 164 BAYVIEW AVENUE NAPLES, FL 34108 MAR 1 3 2006

Subject: F3 & H3 OF NAPLES, LLC

Reference Number:

**L**05000119896

Please be advised, we have received your annual report/uniform business report and check(s) totaling \$150.00 of which \$50.00 has been designated to file this report. However, the enclosed annual report/uniform business report <a href="https://pass.not.new.not..nm">https://pass.not.new.not..nm</a> and a copy is being returned to you for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm ANNUAL REPORTS SECTION