2005 FOR PROFIT CORPORATION

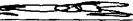
FILED Apr 23, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # L75436** 1. Entity Name BACK NINE OF NAPLES, INC. Principal Place of Business Mailing Address C/O MARY D OBRIEN C/O MARY D OBRIEN 140 SOUTH GOLF DRIVE 140 SOUTH GOLF DRIVE NAPLES, FL 33940-5349 NAPLES, FL 33940-5349 04152005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301 IN THIS SPACE 3. 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 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NIDTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS TITLE O'BRIEN, DANIEL P. NAME STREET ADDRESS 140 SOUTH GOLF DRIVE U00000325819 CITY-ST-ZIP NAPLES, FL 04/23/0S-80033-004 150.00 SVD O'BRIEN, MARY D. NAME STREET ADDRESS 140 SOUTH GOLF DRIVE CITY-ST-ZIP NAPLES, FL VD TITLE O'BRIEN, PETER J NAME STREET ADDRESS 1541 N WELLS DO NOT WRITE CITY-ST-ZIP CHICAGO, IL 60610

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE

NAME STREET ADDRESS CITY - ST-2IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - 7IP



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



IN THIS SPACE

Daytime Phone #