· 2005 LIMITED LIABILITY COMPANY

FILED Apr 19, 2005 08:00 AM

ANNUAL REPORT				Co4 of C4-4
1. Entity Name	ENT # L95000000	631		Secretary of Stat
Principal Place of 7575 PELICAN NAPLES, FL 34	BAY BLVD #1001 MONTENERO	Mailing Address 7575 PELICAN BAY BLVD #1 NAPLES, FL 34108	001 MONTENERO	
		**		
, D	DO NOT WRITE IN THIS SPA		^ =	03182005 No Chg-LLC CR2E083 (10/03)
DU	J NOI WHILE	IN THIS SPA	CE	4. FEI Number Applied For 65-0615996 Not Applicab 5. Certificate of Status Desired \$5.00 Additional
			 	5. Certificate of Stalus Desired Fee Required
6. Name and Address of Current Registered Agent BAILY, JAY EDGAR BAILY & BREWER 46 NORTH WASHINGTON BLVD, SUITE 13 SARASOTA, FL 34236				DO NOT WRITE IN THIS SPACE
the obligation	amed entity submits this statement for ns of registered agent. gnature, typed of printed name of registered agent a		red office or register	ered agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida.
Filii Due	ng Fee is \$50.00 a by May 1, 2005			
NAME E STREET ADDRESS 7	MANAGING MEMBE MGR BOONE, G. LEN 7575 PELICAN BAY BLVD #1001 NAPLES, FL 34108	-		U00000316863 -04/19/05-80090-003 300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				DO NOT WRITE IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP				

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true-end accupate 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 of trustee empowered to execute this report as required by Chapter 808, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-SY-ZIP

> 1300re SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

mone

4/10/05

239-592-9527

Daylime Phone #