


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90060 012 ****55.00

DOCUMENT # L98000001711	
1. Entity Name IBIS OF NAPLES, L.L.C.	

Principal Place of Business 801 12TH AVE S STE 200 NAPLES, FL 34102	Mailing Address 801 12TH AVE S STE 200 NAPLES, FL 34102
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2. Principal Place of Business 600 5TH AVENUE SOUTH Suite, Apt. #, etc. SUITE 210 City & State NAPLES, FL Zip 34102 Country USA	3. Mailing Address 600 5TH AVENUE SOUTH Suite, Apt. #, etc. SUITE 210 City & State NAPLES, FL Zip 34102 Country USA
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07122004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0861000	Applied For <input type="checkbox"/> Not Applicable
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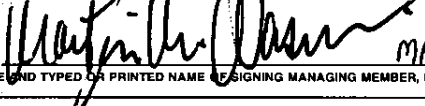
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent OWENS, WILLIAM L ESQ. THIRD STREET SOUTH, SUITE 107 NAPLES, FL 34102	7. Name and Address of New Registered Agent Name MARTIN M. WASMER Street Address (P.O. Box Number is Not Acceptable) 600 5TH AVENUE SOUTH SUITE 210 City NAPLES FL Zip Code 34102
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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.		
SIGNATURE  Signature, typed or printed name of registered agent and date if applicable.	MARTIN M. WASMER (NOTE: Registered Agent signature required when reinstating)	7/15/04 DATE

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WASMER, MARTIN M 600 5TH AVENUE SOUTH, SUITE 210 NAPLES, FL 34102 <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
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	MARTIN M. WASMER	7/15/04 Date	(239) 263-6877 Daytime Phone #