



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90429 024 \*\*\*\*50.00

<b>DOCUMENT # L99000001661</b> 1. Entity Name <b>REGINA-MEADE, L.L.C.</b>					
Principal Place of Business 244 11TH AVE. SO. NAPLES, FL 34102			Mailing Address 244 11TH AVE. SO. 34 HAMMOND HILL LANE NAPLES, FL 34102		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>244 11th Ave. So.</b>			
City & State		City & State <b>Naples, FL</b>			
Zip		Zip <b>34102</b>			
Country <b>USA</b>		Country <b>USA</b>			
4. FEI Number <b>59-3568237</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CRONIN, DENNIS P ESQ.          C/O BOND, SCHOENECK &amp; KING, P.A.          4001 TAMiami TRAIL NORTH, SUITE 404          NAPLES, FL 34103</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>MCCARTHY, BRUCE</b> <b>34 HAMMOND HILL LANE</b> <b>CHATHAM, MA 02633</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Bruce McCarthy</b> <b>244 11th Ave. So.</b> <b>Naples, FL 34102</b>	<input checked="" 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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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.					
<b>SIGNATURE: Bruce McCarthy</b>			<b>3/30/05 (239) 434-2036</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					