2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

1. Entity Nan	MENT# L9900000 ne HOE SQUARE DEVELO!		<i>≱</i> , L.C.	~		A	Secretai	y of Stat		.V1
Principal Place of Business 650 15TH AVES			Mailing Address 650 15TH AVE S			-				
NAPLES FL	. 34102		NAPLES FL 34102				INNIINII NIK TOTE TOTE SPIII NIII	r mmill br efê ma ramı iltiği merki	1 70 116 3 221	###
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		-	1st MOORE CR2E083 (10/04)				
City & Sta	te	***	City & State			4. FEI Nun	nber 59-346902	7	- }	plied For t Applicat
Zip Country			Zip Cour		ntry	5. Certifica	ate of Status Desired		O Addi equired	itional
	6. Name and Address of Co	rrent Reg	gistered Agent Name			7. Name a	nd Address of New F	Registered Agent	'- 	<u>.</u>
ANTOINETTE, PELC 650 15TH AVE S NAPLES FL 34102					Street Address (P.O. Box Number is Not Acceptable)					<u></u> ;
,					City			- 1 7i	p Code	·
8 The above	a named entity submits this staten	nent for the	purpose of changing its register		<u>l. </u>	distered agent, or	both, in the State of FI			
	tions of registered agent.		parters of contributions			• · · · · · · · · · · · · · · · · · · ·				
SIGNATURE	Signature, typed or printed name of registera	d agent and t	ille il applicable (NOT	E Registere	d Agent signature re	quited when reinstaling)		DATE	·	
		_	1		FEE IS \$50.					
			Make Check Payab Du		<i>o</i> rida Depar ay 1, 2005	tment of State				
9.	MANAGING M	/MANAGERS	10.	· · · · · · · · · · · · · · · · · · ·	- <u>Samatan na n</u>	ADDITIONS	/CHANGES			
TOPLE					E				nange	Addish
NAME Street Address	PELCONCEPTS, INC. 650 15TH AVE S			EET ADDRESS		U00000336660 04/27/05-80137-002_50				
CHA 2:- SIA	NAPLES FL 34102	_		CHY	(+\$1-7tP		<u> </u>	<u> 137-002 50</u>	0.0	
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NAME STREET ADDRESS				NAM STRE	IE Fet address					
CITY-SE ZIP					-51-ZIP					
11. I hereby	certify that the information supplied on this report is true and accurate	ed with this	s filing does not qualify fo	the exe	mption stated	in Section 119.07((3)(i), Florida Statutes.	I further certify tha	it the inf	formation
imited lia	ability company or the receiver or	trustee en	powered to execute this	report as	s required by C	Chapter 608, Florid	da Statutes.	gg+		.,

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E AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED