

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004746

FILED  
Apr 27, 2004  
Secretary of State

**Entity Name:** KENSINGTON PARK OF NAPLES, L.L.C.

**Current Principal Place of Business:**

2700 PINE RIDGE ROAD  
NAPLES, FL 34109

**New Principal Place of Business:**

5121 CASTELLO DRIVE  
SUITE 1  
NAPLES, FL 34103

**Current Mailing Address:**

2700 PINE RIDGE ROAD  
NAPLES, FL 34109

**New Mailing Address:**

5121 CASTELLO DRIVE  
SUITE 1  
NAPLES, FL 34103

**FEI Number:** 59-3589678

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON, KENNETH R  
4001 TAMIAMI TRAIL NORTH, SUITE 300  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: STEINER, ANTON  
Address: 2700 PINE RIDGE ROAD  
City-St-Zip: NAPLES, FL 34109

Title: MEM (X) Delete  
Name: MANGAN, JEFFREY R  
Address: 2700 PINE RIDGE ROAD  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: STEINER, ANTON  
Address: 5121 CASTELLO DRIVE, SUITE 1  
City-St-Zip: NAPLES, FL 34103

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ANTON STEINER

MGR

04/27/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date