

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004784

FILED
May 01, 2005
Secretary of State

Entity Name: ALS OF NAPLES HOLDING COMPANY, LLC

Current Principal Place of Business:

C/O LANDMARK DEVELOPMENT GROUP
5668 STRAND COURT, #108
NAPLES, FL 34110

New Principal Place of Business:

C/O LANDMARK DEVELOPMENT GROUP
5692 STRAND COURT
NAPLES, FL 34110

Current Mailing Address:

C/O LANDMARK DEVELOPMENT GROUP
5668 STRAND COURT, #108
NAPLES, FL 34110

New Mailing Address:

C/O LANDMARK DEVELOPMENT GROUP
5692 STRAND COURT
NAPLES, FL 34110

FEI Number: 59-3617555 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COHEN & GRIGSBY, P.C.
27200 RIVERVIEW CENTER BLVD
SUITE 309
BONITA SPRINGS, FL 34134 US

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: SHAFRAN, ARTHUR A
Address: 5668 STRAND COURT, #108
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHAFRAN, ARTHUR A
Address: 5692 STRAND COURT
City-St-Zip: NAPLES, FL 34110

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: ARTHUR A. SHAFRAN

MGR

05/01/2005

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