

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005761

1. Entity Name

NAPLES MARINE YARDS LLC

Principal Place of Business

C/O EDWARD J. RUFF REALTY, INC.
4760 TAMiami TRAIL NORTH, SUITE 6
NAPLES FL 34103

Mailing Address

C/O EDWARD J. RUFF REALTY, INC.
4760 TAMiami TRAIL NORTH, SUITE 6
NAPLES FL 34103

2. Principal Place of Business

909 10th Street So.

Suite, Apt. #, etc.
101

City & State

Naples, FL 34102

Zip 34102

Country Collier

3. Mailing Address

909 10th Street So.

Suite, Apt. #, etc.
101

City & State

Naples, FL 34102

Zip 34102

Country Collier

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90134 023 ****50.00

961678



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3599807	Applied For
		Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUFF, EDWARD J
4760 TAMiami TRAIL NORTH, SUITE 6
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name John C. Swanson

Street Address (P.O. Box Number is Not Acceptable)

909 10th Street South

St. 101

City

Naples,

FL Zip Code 34102

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.

SIGNATURE *Edward J. Ruff* Edward J. Ruff MGR

4/24/02

DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUFF, EDWARD J 4760 TAMiami TRAIL NORTH, SUITE 6 NAPLES FL 34103	<input checked="" 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	MGR SWANSON, JOHN C 15600 OLD ROUTE 41 NAPLES FL 34110-	<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	MGR RUFF, KELLY 4760 TAMiami TRAIL NORTH, SUITE 6 NAPLES FL 34103	<input checked="" 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
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

CR2E083 (9/01)

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: *John C. Swanson* SIGNATURE REQUESTED John C. Swanson 4-24-02 (941) 430-4994

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

Date

Daytime Phone #