2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

DOCUMENT # L99000009128

1. Entity Name

AUDUBON CENTER OF NAPLES, L.L.C.

Principal Place of Business	Mailing Address
2606 SOUTH HORSESHOE DRIVE NAPLES FL 34104	2606 SOUTH HORSESHOE DRIVE NAPLES FL 34104

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. # etc.	Suite, Apt #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

MOORE   CR2E083 (11/03)

4. FEI Number	Applied For
65-0971276	Not Applicable

5. Certificate of Status Desired   ☒   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEZESHKAN, F. FRED 2606 SOUTH HORSESHOE DRIVE NAPLES FL 34104	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____   DATE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE: MGRM NAME: PEZESHKAN, F. FRED STREET ADDRESS: 2680 LANTERN LANE CITY-ST-ZIP: NAPLES FL 34104	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	U00000063729 02/23/04--80174--005 55.00	☐ Change ☐ Addition
TITLE: MGRM NAME: CARSELLO, ROBERT L STREET ADDRESS: 725 CORAL DRIVE CITY-ST-ZIP: NAPLES FL 34104	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Change ☐ Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Change ☐ Addition

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #