# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 03, 2005 8:00 am**
**Secretary of State**
03-03-2005 90028 005 ****50.00

DOCUMENT# L99000009396

1. EntityName
N501EK,L.L.C.

| PrincipalPlaceofBusiness | MailingAddress |
|---|---|
| 11595KELLYRD.STE219A<br>FORTMYERS,FL33908 | 11595KELLYRD.STE219A<br>FORTMYERS,FL33908 |

02242005 Chg-LLC CR2E083(10/03)

| 2. PrincipalPlaceofBusiness | | 3. MailingAddress | |
|---|---|---|---|
| Suite,Apt.#,etc. | | Suite,Apt.#,etc. | |
| City&State | | City&State | |
| Zip | Country | Zip | Country |

4. FEINumber 59-3615351 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$5.00** Additional FeeRequired

**6. NameandAddressofCurrentRegisteredAgent**

HOFFMAN,ALFREDJR.
11200LONGWATERCHASECOURT
FT.MYERS,FL33908

**7. NameandAddressofNewRegisteredAgent**

Name

StreetAddress (P.O.BoxNumberisNotAcceptable)

City **FL** ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating)

**Filing Fee is $50.00**
**Due by May 1, 2005**

**Make check payable to Florida Department of State**

| 9. MANAGINGMEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREETADDRESS / CITY-ST-ZIP | MGRM<br>HOFFMAN,ALFREDJR<br>24301WALDENCENTERDRIVE,SUITE300<br>BONITASPRINGS,FL34134 | ☐ Delete | TITLE / NAME / STREETADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREETADDRESS / CITY-ST-ZIP | MGRM<br>ACKERMAN,DONE<br>24301WALDENCENTERDRIVE,SUITE300<br>BONITASPRINGS,FL34134 | ☐ Delete | TITLE / NAME / STREETADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREETADDRESS / CITY-ST-ZIP | MGRM<br>KAGAN,JOHNC<br>6981DEVONWOODDR.<br>FORTMYERS,FL33908 | ☐ Delete | TITLE / NAME / STREETADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREETADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREETADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREETADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREETADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREETADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREETADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

11. Ihereby 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:** _____ ALFRED HOFFMAN, JR 2/25/05 239-461-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — DaytimePhone#