


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M03000003067</b> 1. Entity Name <b>B &amp; J CAPE HAZE LLC</b>	
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Principal Place of Business <b>7500 COLLEGE PKWY. FORT MYERS, FL 33907</b>	Mailing Address <b>7500 COLLEGE PKWY. FORT MYERS, FL 33907</b>
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**DO NOT WRITE IN THIS SPACE**

02262005No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>20-0200699</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

<b>HAFELE, DALE G — 7500 COLLEGE PKWY. FORT MYERS, FL 33907</b>
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**DO NOT WRITE  
IN THIS SPACE**

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

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR NAP MANAGEMENT LLC 212 E. THIRD ST., STE. 300 CINCINNATI, OH 45202</b>
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03/21/05-80072-001 50.00

**DO NOT WRITE  
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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, OR AUTHORIZED REPRESENTATIVE

**TREASURER**

**3/7/05**

**(513) 721-2744**

Date

Daytime Phone #