

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M96000000025

FILED  
Jul 12, 2004  
Secretary of State

**Entity Name:** COLUMBIA NAPLES CAPITAL, L.L.C.

**Current Principal Place of Business:**

5020 TAMIAMI TRAIL NORTH  
SUITE 210  
NAPLES, FL 34103

**New Principal Place of Business:**

830 BENTWOOD, DRIVE  
NAPLES, FL 34108

**Current Mailing Address:**

5020 TAMIAMI TRAIL NORTH  
SUITE 210  
NAPLES, FL 34103

**New Mailing Address:**

8805 TAMIAMI TRAIL N.  
BOX 113  
NAPLES, FL 34108

FEI Number: 65-0631350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

CHAMBERLIN, LARRY L  
830 BENTWOOD DRIVE  
NAPLES, FL 34108 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: LARRY L CHAMBERLIN

07/12/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: CHAMBERLIN CAPITAL C, ORP.  
Address: 5020 TAMIAMI TRAIL NORTH., STE 210  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CHAMBERLIN CAPITAL C, ORP.  
Address: 830 BENTWOOD DRIVE  
City-St-Zip: NAPLES, FL 34108

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: LARRY L CHAMBERLIN

PRES

07/12/2004

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