

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000284

Entity Name: MSC NAPLES, LLC

FILED  
Jul 18, 2005  
Secretary of State

**Current Principal Place of Business:**

4000 BLUE RIDGE ROAD  
SUITE 100  
RALEIGH, NC 27612

**New Principal Place of Business:**

**Current Mailing Address:**

4000 BLUE RIDGE ROAD  
SUITE 100  
RALEIGH, NC 27612

**New Mailing Address:**

FEI Number: 56-2075184      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

STONE, ADELE I ESQ.  
1946 TYLER STREET  
HOLLYWOOD, FL 33020      US

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

STONE, ADELE I ESQ.  
ONE FINANCIAL PLAZA, SUITE 1400  
100 S.E. 3RD AVENUE  
FORT LAUDERDALE, FL 33394      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: \_\_\_\_\_

Electronic Signature of Registered Agent

07/18/2005

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: HOWELL, GLENN R  
Address: 4000 BLUE RIDGE ROAD, SUITE 100  
City-St-Zip: RALEIGH, NC 27612

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GLENN HOWELL

MR

07/18/2005

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