#### **2004 LIMITED LIABILITY COMPANY** ✓ ANNUAL REPORT

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# FILED Apr 09, 2004 08:00 AM Secretary of State

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1. Entity Name

CARBONE PROPERTIES OF NAPLES, LIMITED LIABILITY COMPANY



Principal Place of Business

Mailing Address

5885 LANDERBROOK DRIVE, SUITE 110 CLEVELAND, OH 44124

5885 LANDERBROOK DRIVE, SUITE 110 CLEVELAND, OH 44124



04062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 34-1876931

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6.	Name	and A	ddress	of Curre	nt Register	red Anent

PRICE, MARK J %ROETZEL & ASSOCIATES, LPA 850 PARK SHORE DR., 3RD FL. NAPLES, FL 34103

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The above named entity submits this statement for the purpose of chathe obligations of registered agent	anging its registered office or registered agent, or both, in the	State of Florida I am familiar with, and accept
Signature typed or printed name of registered agent and title if applicable	(NOTE Registered Agen' signature required when reinstating)	DATE
Filing Fee is \$50,00		

#### Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS								
TIFLE	MGR								
NAME	CARBONE, ROSS P								
STREET ADDRESS	5885 LANDERBROOK DRIVE, SUITE 110								
CITY-ST-ZIP	CLEVELAND, OH 44124								
THLE	MGR								
NAME	CARBONE, VINCENT P								
STREET ADOR: SS	5885 LANDERBROOK DRIVE, SUITE 110								
CUTY - ST - ZIP	CLEVELAND, OH 44124								
THILE									
NAME									
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CITY ST-ZIP									

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11. I hereby certify that the information supplied with this filling 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.

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artone MANAGER SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 4-6-04

Daytme Phone #