FILED Apr 29, 2005 8:00 am Secretary of State

2005	FOR	PROFIT	' CORPOR	RATION
	A	NNUAL	REPORT	

Action of State Business 2. Principal Place of Business 3. Mailing Address Suits Apt. 4, etc. 2. Principal Place of Business 3. Mailing Address Suits Apt. 4, etc. 3. Mailing Address 3. Mailing Addre	1. Entity Name	OCUMENT # P04000077852 Entity Name MERCATO OF NAPLES, INC.							04-29-2005 9	•	29 ***15	
Suite April R. etc. Coty & State City & City & State City &	4200 GULF SHORE BLVD NORTH		4200 GULF SHORE BLVD NORTH			1 (81 88 11	. Bami bibik sasili bami bilili G	Rifi 18811 1881	E 18181 BIND 418	388 1 (2 18 8 1		
City & State City & State City & State City & State	2. Principal Place of Business		3. Mailing Address									
Second Address of Current Registered Agent	Suite, Apt. #, etc.		Suite, Apt. #, etc.			03142005	Chg-P	CR2E03	4 (10/03)			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent A001 TAM/AMI TRAIL NORTH SUITE 250 NAPLES, FL 34103 City FL Zip Code 6. The above named entity submis this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE PL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code NAPLES, FL 34103 PA DOTTON In the State of Florids. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florids. I am familiar with, and accept the obligation of the state of Florids. I am familiar with, and accept the registered agent. Or both, in the State of Florids. I am familiar with, and accept the registered agent. Or both, in the State of Florids. I am familiar with, and accept the registered agent. Or both, in the State of Florids. I am familiar with, and accept the registered Agent agent agent, or both, in the State of Florids. I am familiar with, and accept the registered Agent agent, or both, in the State of Florids. I am familiar with, and accept the florid agent	City & State		City & State			4. FEI Number 20-1134712		34712		_ 		
ADDITIONAL AND ANTHONY J 4001 TAMIAMI TRAIL NORTH SUITE 250 NAPLES, FL 34103	Zip		Country	Zip	Zip Count			5. Certificate	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Codu City FL Zip Codu 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am turnifar with, and accept the decignors of registered agent and registered agent agent and registered agent agent and registered agent a		6. Name	and Address of Current I	Registered Agent	·	Name		7. Name and	Address of New Reg	jistered A	gent	
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