

**ANNUAL REPORT****DOCUMENT # P92000003817**1. Entity Name  
**NAPLES VENTURE I, INC.****FILED****Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90027 026 \*\*\*150.00

Principal Place of Business <b>211 WILDWOOD LN NAPLES, FL 34105</b>	Mailing Address <b>PO BOX 417 NAPLES, FL 34106</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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08202004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0360658</b>	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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ZAMPELL, PAUL 211 WILDWOOD LANE NAPLES, FL 34105	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	<b>FL</b>
	Zip Code



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 \_\_\_\_\_**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**9. Election Campaign Financing  
Trust Fund Contribution. **\$5.00 May Be  
Added to Fees**In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSIN, JOSEPH 555 SKOKE BLVD /STE 350 NORTHBROOK, IL 60062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZAMPELL, PAUL 211 WILDWOOD LANE NAPLES, FL 34105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BLIVEN, ROBERT 595 CORAL DR NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul Jumper*

SIGNATURE AND TITLE OF REGISTERED AGENT OR DIRECTOR

Florida Statute