

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90141 046 ****50.00

DOCUMENT # L03000034544

1. Entity Name
GATES MCVEY-HILL BARTH & KING DEVELOPMENT, LLC



Principal Place of Business
**5405 PARK CENTRAL CT.
NAPLES, FL 34109**

Mailing Address
**5405 PARK CENTRAL CT.
NAPLES, FL 34109**

24064033

2. Principal Place of Business
**12810 Tamiami Trail N.
Suite, Apt. #, etc.**

3. Mailing Address
**12810 Tamiami Trail N.
Suite, Apt. #, etc.**

03162004 Chg-LLC CR2E083 (10/03)

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
20-0227008

Applied For
☐ Not Applicable

Zip
34110

Country
USA

Zip
34110

Country
USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBISON, STEPHEN V
~~5405 PARK CENTRAL CT.~~
~~NAPLES, FL 34109~~**

Name
Street Address (P.O. Box Number is Not Acceptable)
**12810 Tamiami Trail N.
City Naples FL Zip Code 34110**

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 *Stephen V. Robison*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-7-04
DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MGRM
Gates McVey Capital Group, LLC
12810 Tamiami Trail N.
Naples, FL 34110**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 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.

SIGNATURE *Stephen V. Robison*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-7-04 *239-593-3777*
Date Daytime Phone #