2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2005
Secretary of State

DOCUMENT# L03000047539

Entity Name: PATAGONIA DEVELOPMENTS LLC

Current Principal Place of Business:

5630 COPPER LEAF LN
NAPLES, FL 34116 US

New Principal Place of Business:

14902 TYBEE ISLAND DR.
NAPLES, FL 34119 US

Current Mailing Address:

5630 COPPER LEAF LN
NAPLES, FL 34116 US

New Mailing Address:

14902 TYBEE ISLAND DR.
NAPLES, FL 34119 US

FEI Number: 35-2220166 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAAD, GABRIELA
5630 COPPER LEAF LN
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

SAAD, GABRIELA
14902 TYBEE ISLAND DR.
NAPLES, FL 34119 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: 01/20/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: SAAD, RAUL
Address: 5630 COPPER LEAF LN
City-St-Zip: NAPLES, FL 34116 US

Title: MGR ( ) Delete
Name: SAAD, GABRIELA
Address: 5630 COPPER LEAF LN
City-St-Zip: NAPLES, FL 34116 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SAAD, RAUL
Address: 14902 TYBEE ISLAND DR.
City-St-Zip: NAPLES, FL 34119 US

Title: MGR (X) Change ( ) Addition
Name: SAAD, GABRIELA
Address: 14902 TYBEE ISLAND DR.
City-St-Zip: NAPLES, FL 34119 US

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: GABRIELA SAAD MGR 01/20/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date