


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90093 007 \*\*\*\*50.00

DOCUMENT # L99000002975

1. Entity Name  
 CCMS DEVELOPMENT, L.L.C.



Principal Place of Business  
 6025 CARLTON LAKE BLVD  
 NAPLES, FL 34110

Mailing Address  
 6025 CARLTON LAKE BLVD  
 NAPLES, FL 34110

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 6704 Lone Oak Blvd.

Suite, Apt. #, etc.

City & State  
 Naples, FL

Zip  
 34109

Country  
 USA



07062004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
 59-3574501

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

STERLING, JACK  
 6025 CARLTON LAKES BLVD  
 NAPLES, FL 34110

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
 6704 Lone Oak Blvd

City  
 NAPLES

State  
 FL

Zip Code  
 34109

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: *Jack J. Sterling* Jack J. Sterling 7/6/04

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CLAUSSEN, ROBERT G	
STREET ADDRESS	6025 CARLTON LAKES BLVD	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Robert G. Claussen* Robert Claussen 7/6/04 238-586-7067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #