


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-09-2004 90093 006 ****50.00

DOCUMENT # L99000003238

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



Principal Place of Business
 6025 CARLTON LAKES BLVD.
 NAPLES, FL 34110

Mailing Address
 6025 CARLTON LAKES 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 Country
 34109 USA



07062004 Chg-LLC CR2E083 (10/03)

4. FEI Number
 59-3584687

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

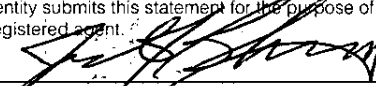
7. Name and Address of New Registered Agent

Name

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

City
 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  DATE

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

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CCMS DEVELOPMENT, L.L.C. 6025 CARLTON LAKES BLVD NAPLES, FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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: CCMS Development LLC by Robert G. Chasman M.M.C.E. 7/6/04 239-596-9067

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