


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000005740 1. Entity Name COTTON STRIP DEVELOPMENT, L.L.C.	
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Principal Place of Business 6118 S.R. 80 WEST ALVA, FL 33920	Mailing Address 6118 S.R. 80 WEST ALVA, FL 33920
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DO NOT WRITE IN THIS SPACE



01302004No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0956394	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTLER, GAREY F
 1625 HENDRY STREET, STE 301
 FORT MYERS, FL 33901

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____


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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM SHULTS, MICHAEL 6118 S.R. 80 WEST ALVA, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM ELAM-SHULTS, BETHENY 6118 S.R. 80 WEST ALVA, FL
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02/09/04-80016-021 50.00

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  12-304 8636121385

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