

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

05-03-2004 90138 047 \*\*\*\*50.00



**DOCUMENT # L0000000242**  
 1. Entity Name  
**GATES MCVEY PROPERTY MANAGEMENT, L.L.C.**

Principal Place of Business      Mailing Address  
 % STEVE ROBISON                      % STEVE ROBISON  
 5405 PARK CENTRAL COURT          5405 PARK CENTRAL COURT  
 NAPLES, FL 34109                      NAPLES, FL 34109

**24063854**



2. Principal Place of Business      3. Mailing Address  
**12810 Tamiami Trail N.**              **12810 Tamiami Trail N.**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

03312004    Chg-LLC    CR2E083 (10/03)

City & State      City & State  
**Naples, FL**                      **Naples, FL**  
 Zip      Country      Zip      Country  
**34110**      **USA**                      **34110**      **USA**

4. FEI Number      Applied For  
**59-3615376**                      Not Applicable  
 5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CAUDILL, JAMES P.**  
**2640 GOLDEN GATE PKWY**  
**#115**  
**NAPLES, FL 34105**

7. Name and Address of New Registered Agent  
 Name **Stephen V. Robison**  
 Street Address (P.O. Box Number is Not Acceptable)  
**12810 Tamiami Trail N.**  
 City **Naples**      State **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.  
**Stephen V. Robison**  
 SIGNATURE: *[Signature]*      DATE: **4-7-04**  
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 May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Delete <b>GATES MCVEY CAPITAL GROUP, L.L.C.</b> <b>5405 PARK CENTRAL COURT</b> <b>NAPLES, FL 34109</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12810 Tamiami Trail N.</b> <b>Naples, FL 34110</b>
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
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
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: *[Signature]*      **Stephen V. Robison**      **239-**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date: **4-7-04**      Daytime Phone #: **593-3777**