

**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90006 042 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L00000003006</b>		
1. Entity Name <b>THE CENTRE AT VETERANS' PARK, LLC</b>		
Principal Place of Business <b>5455 JAEGER ROAD NAPLES, FL 34109</b>		Mailing Address <b>5455 JAEGER ROAD NAPLES, FL 34109</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
03312004 No Chg-LLC		CR2E083 (10/03)
4. FEI Number <b>59-3625286</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>SOLDAVINI-CLAPPER, BRIGID D 5455 JAEGER RD NAPLES, FL 34109</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE	MGR	
NAME	SOLDAVINI-CLAPPER, BRIGID D	
STREET ADDRESS	5455 JAEGER ROAD	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>5/17/04</b> Daytime Phone # <b>239 591 4747</b>