

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90276 007 ****50.00

DOCUMENT # L00000004054

1. Entity Name
BANYAN WOODS, LLC



Principal Place of Business
**5811 PELICAN BAY BLVD., SUITE 208
NAPLES, FL 34108**

Mailing Address
**5811 PELICAN BAY BLVD., SUITE 208
NAPLES, FL 34108**

2. Principal Place of Business
5679 Naples Blvd.

Suite, Apt. #, etc.

3. Mailing Address
5679 Naples Blvd.

Suite, Apt. #, etc.



03032004 Chg-LLC CR2E083 (10/03)

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
65-0995005

Applied For
Not Applicable

Zip
34109

Country

Zip
34109

Country

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

6. Name and Address of Current Registered Agent

**BARNETT, LISA H
821 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
COLEMAN, STEPHEN D
5811 PELICAN BAY BLVD., SUITE 208
NAPLES, FL 34108** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
COLEMAN, MARK L
5811 PELICAN BAY BLVD., SUITE 208
NAPLES, FL 34108** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Mgrm
Coleman, Stephen D
5679 Naples Blvd.
Naples, FL 34109** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Mgrm
Coleman, Mark L
5679 Naples Blvd.
Naples, FL 34109** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Stephen D Coleman

3/12/07

Date

239-566-2719

Daytime Phone #