



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-03-2004 90140 019 ****50.00

DOCUMENT # L00000004918 1. Entity Name ENCORE COMMERCIAL DEVELOPMENT, L.L.C.																													
Principal Place of Business C/O STEPHEN ROBISON 5405 PARK CENTRAL COURT NAPLES, FL 34109			Mailing Address C/O STEPHEN ROBISON 5405 PARK CENTRAL COURT NAPLES, FL 34109																										
2. Principal Place of Business 12810 Tamiami Trail N. Suite, Apt. #, etc.		3. Mailing Address 12810 Tamiami Trail N. Suite, Apt. #, etc.																											
City & State Naples, FL Zip 34110		City & State Naples, FL Zip 34110		4. FEI Number 59-3641697																									
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent CAUDILL, JAMES F 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. SIGNATURE <u><i>Stephen V. Robison</i></u> Stephen V. Robison 4-7-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">MGR</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GATES MCVEY CAPITAL GROUP, L.L.C.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5405 PARK CENTRAL CT</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>NAPLES, FL 34109</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	GATES MCVEY CAPITAL GROUP, L.L.C.		STREET ADDRESS	5405 PARK CENTRAL CT		CITY- ST- ZIP	NAPLES, FL 34109		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;"></td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12810 Tamiami Trail N.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>Naples, FL 34110</td> <td></td> </tr> </table>			TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	12810 Tamiami Trail N.		CITY- ST- ZIP	Naples, FL 34110	
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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: <u><i>Stephen V. Robison</i></u> Stephen V. Robison 4-06-04 239-593-3777 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													