

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005394

Entity Name: SPYGLASS, L.L.C.

FILED
Apr 13, 2004
Secretary of State

Current Principal Place of Business:

225 BANYAN BLVD
#210
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

225 BANYAN BLVD
#210
NAPLES, FL 34102

New Mailing Address:

FEI Number: 59-3647375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, WILLIAM L
4001 TAMiami TRAIL NORTH, SUITE 404
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CAPE TOWN DEVELOPMEN, TS INC
Address: 225 BANYAN BLVD #210
City-St-Zip: NAPLES, FL 34102

Title: MGRM () Delete
Name: SCHOENDORF, JOSEPH F
Address: 840 SPYGLASS LANE
City-St-Zip: NAPLES, FL

Title: MGRM () Delete
Name: HOUSTON, L. WALTER
Address: 3075 FT. CHARLES DR.
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CAPE TOWN DEVELOPMENT

MGRM

04/13/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date