

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009442

**FILED**  
**Feb 10, 2004**  
**Secretary of State**

**Entity Name:** RBS DEVELOPMENT, LLC

**Current Principal Place of Business:**

7721 HIDDEN POND LANE  
NORTH FORT MYERS, FL 33917

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3485  
FORT MYERS, FL 339183485

**New Mailing Address:**

FEI Number: 65-1038133

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

O'GRADY, CHARLES P II  
7721 HIDDEN POND LANE  
NORTH FORT MYERS, FL 33917 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: O'GRADY, RENE E  
Address: 7721 HIDDEN POND LANE  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D ( ) Delete  
Name: O'GRADY, CHARLES P II  
Address: 7721 HIDDEN POND LANE  
City-St-Zip: NORTH FORT MYERS, FL 33917

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: O'GRADY, CHARLES P II  
Address: 7721 HIDDEN POND LANE  
City-St-Zip: NORTH FORT MYERS, FL 33917

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: RENE E. O'GRADY

MGRM

02/10/2004

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