

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90226 013 \*\*\*\*50.00

DOCUMENT # L00000009442



1. Entity Name  
**RBS DEVELOPMENT, LLC**

Principal Place of Business  
**12298 MATTERHORN RD  
FORT MYERS FL 33913**

Mailing Address  
**P.O. BOX 3485  
FORT MYERS FL 33918-3485**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**7721 HIDDEN POND LANE**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 3485**  
Suite, Apt. #, etc.

City & State  
**NORTH FORT MYERS, FL**  
Zip  
**33917**  
Country  
**USA**

City & State  
**NORTH FORT MYERS, FL**  
Zip  
**33918-3485**  
Country  
**USA**

4. FEI Number **65-1038133**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**O'GRADY, CHARLES P II  
12298 MATTERHORN ROAD  
FORT MYERS FL 33913**

7. Name and Address of New Registered Agent

Name  
**CHARLES P. O'GRADY II**  
Street Address (P.O. Box Number is Not Acceptable)  
**7721 HIDDEN POND LANE**  
City  
**NORTH FORT MYERS FL**  
Zip Code  
**33917**

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 *Charles P. O'Grady II* **CHARLES P. O'GRADY II  
MANAGER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
**1/8/2003**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGM O'GRADY, RENE E 12298 MATTERHORN ROAD FORT MYERS FL 33913</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M O'GRADY, CHARLES P II 12298 MATTERHORN ROAD FORT MYERS FL 33913</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER RENE E. O'GRADY 7721 HIDDEN POND LANE NORTH FORT MYERS, FL 33917</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEMBER CHARLES P. O'GRADY II 7721 HIDDEN POND LANE NORTH FORT MYERS, FL 33917</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Charles P. O'Grady II* **CHARLES P. O'GRADY II  
MEMBER**

DATE: **1/8/2003** DAYTIME PHONE #: **339-731-4920**

CR2E083 (10/02)