

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-03-2004 90138 048 ****50.00

DOCUMENT # L00000010437



1. Entity Name
COURTYARD VENTURES, L.L.C.

Principal Place of Business
**5405 PARK CENTRAL COURT
NAPLES, FL 34109**

Mailing Address
**5405 PARK CENTRAL COURT
NAPLES, FL 34109**

24063853



2. Principal Place of Business
12810 Tamiami Trail N.
Suite, Apt. #, etc.

3. Mailing Address
12810 Tamiami Trail N.
Suite, Apt. #, etc.

04062004 Chg-LLC CR2E083 (10/03)

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
65-1053725

Applied For
Not Applicable

Zip
34110

Country
USA

Zip
34110

Country
USA

5. Certificate of Status Desired ☐ **\$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**

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.

Stephen V. Robison

SIGNATURE

Stephen V. Robison

4-7-04

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
GATES MCVEY CAPITAL GROUP, L.L.C.
5405 PARK CENTRAL COURT
NAPLES, FL 34109** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
TURNER, BERNARD
801 ANCHOR RODE
NAPLES, FL 34103** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
TURNER, RITA
801 ANCHOR RODE
NAPLES, FL 34103** ☐ 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
**12810 Tamiami Trail N.
Naples, FL 34110** ☒ Change ☐ Addition

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

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

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☐ Change ☐ Addition

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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.

Stephen V. Robison

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-7-04 593-3777