

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011293

1. Entity Name

ANDALUSIA DEVELOPMENT COMPANY, L.L.C.

Principal Place of Business

Mailing Address

1429 S.W. 49TH TERRACE  
CAPE CORAL FL 33914

1429 S.W. 49TH TERRACE  
CAPE CORAL FL 33914

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HUBBARD, STEVEN W  
ROETZEL & ANDRESS  
2320 FIRST STREET, SUITE 1000  
FORT MYERS FL 33901

4. FEI Number

65-1041784

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name James P. Shea

Street Address (P.O. Box Number is Not Acceptable)

5227 SW 11th Ct.

City Cape Coral

FL

Zip Code

33914

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.

SIGNATURE

James P. Shea

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

(NOTE: Registered Agent Signature required when reinstating)

4/26/01

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ~~James P. Shea~~ ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME Managing Member ☐ Change ☒ Addition  
James P. Shea  
STREET ADDRESS 5227 SW 11th Ct.  
CITY-ST-ZIP Cape Coral, FL 33914

TITLE NAME Member ☐ Change ☒ Addition  
Linda A. Shea  
STREET ADDRESS 5227 SW 11th Ct.  
CITY-ST-ZIP Cape Coral, FL 33914

TITLE NAME ☐ Change ☐ Addition  
300004220753-7  
STREET ADDRESS -05/16/01-01112-007  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

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:

James P. Shea

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

4/26/01

Date

941-541-9244

Daytime Phone #

FILED

01 APR 30 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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