- 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000013297

1. Entity Name AVALON AT GRANDE OAK, L.L.C.

Principal Place of Business

Mailing Address

2055 TRADE CENTER WAY NAPLES, FL 34109 2055 TRADE CENTER WAY NAPLES, FL 34109

FILED Apr 07, 2004 08:00 AM Secretary of State



02022004 No Chg-LLC

CR2E083 (10/03)

-		_	 	
ŀ,	FEI Number			
	59-3679623			

Applied For Not Applicable

5. Certificate of Status Desired .

\$5.00 Additional Fee Required

6.	Name	and Address	of Current Re	gistered Agent

DO NOT WRITE IN THIS SPACE

390 NORT	RPORATE SERVICES OF CENTRAL FLORID H ORANGE AVE, STE 1100 I, FL 32751	" "	DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the purpose of changing ions of registered agent.	g its registered office of registered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE		
Fi Di	ling Fee is \$50.00 ue by May 1, 2004		U00000105598 04/07/04-80032-005 5000		
9.	MANAGING MEMBERS/MANAGERS		· · · · · · · · · · · · · · · · · · ·		
RTLE NAME STREET ADDRESS CITY-ST-ZIP	M COTTER, JEFFREY J 90 MINNEHAHA CIRCLE MAITLAND, FL 32751				
TOTLE NAME STREET ADDRESS CATY-ST-ZIP	M WOOD, G. STUART 25099 PINEWATER COVE LANE BONITA SPRINGS, FL 34134				
DILE NAME STREET ADDRESS CHY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CHY-ST-ZIP		IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP	cenify that the information supplied with this filling does not quali	fy for the exemption stated in Section 119.07(3)	(f). Florida Statutes: I further certify that the information		

indicated on this report is true and accurate and that musignature 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 truese employeed to execute this report as required by Chapter 608, Florida Statutes

IGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OR AUGUSTS MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

e Daytime Phone #