


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90106 001 \*\*\*\*50.00

<b>DOCUMENT # L01000000360</b>	
1. Entity Name INDIGO PRESERVE, LLC	

Principal Place of Business 8310 BIG <i>Acorn Cir #</i> #1001 NAPLES, FL 34119	Mailing Address 8310 BIG <i>Acorn Circle</i> #1001 NAPLES, FL 34119
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**DO NOT WRITE IN THIS SPACE**



01072004No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3743736	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ROSBOROUGH, KAREN 8310 BIG <i>Acorn Cir #1001</i> NAPLES, FL 34119
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAUNDRY ASSOCIATES, INC. 8310 BIG <i>Acorn Circle #1001</i> NAPLES, FL 34119
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**DO NOT WRITE IN THIS SPACE**

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:** *Kenneth P. Saundry* **1/30/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #