# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000000494

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

| Principal Place of Business | Mailing Address |
|---|---|
| 18401 MURDOCK CIRCLE<br>PORT CHARLOTTE, FL  33948 | 18401 MURDOCK CIRCLE<br>PORT CHARLOTTE, FL  33948 |

## DO NOT WRITE IN THIS SPACE

01172005No Chg-LLC        CR2E083 (10/03)

| 4. FEI Number | Applied For |
|---|---|
| 04-3626768 | Not Applicable |

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

**6. Name and Address of Current Registered Agent**

MCKINLEY, MICHAEL R
18401 MURDOCK CIRCLE
PORT CHARLOTTE, FL  33948

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**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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

**Filing Fee is $50.00**
**Due by May 1, 2005**

| **9.** | **MANAGING MEMBERS/MANAGERS** |
|---|---|
| TITLE | MGR |
| NAME | MCKINLEY, MICHAEL R |
| STREET ADDRESS | 18401 MURDOCK CIRCLE |
| CITY-ST-ZIP | PORT CHARLOTTE, FL  33940 |
| TITLE | |
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01/24/05-80148-014 50.00

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**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:** _____

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