

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90004 041 \*\*\*\*50.00  
09-02-2003 90123 013 \*\*\*\*50.00

**DOCUMENT # L01000001279**

1. Entity Name

**MOUNT EVANS DEVELOPMENT, LLC**



Principal Place of Business

**C/O JAMES A. LYTLE, JR.  
3411 TAMiami TRAIL N  
NAPLES FL 34103**

Mailing Address

**C/O JAMES A. LYTLE, JR.  
3411 TAMiami TRAIL N  
NAPLES FL 34103**

2. Principal Place of Business

3. Mailing Address

**JAMES A. LYTLE, JR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P.O. Box 2437**

City & State

City & State

**NAPLES, FL**

Zip

Country

Zip

Country

**34106**

**US**

4. FEI Number **91-2104117**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**44005753**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LYTLE, JAMES A JR  
3411 TAMiami TRAIL N  
NAPLES FL 34103**

Name

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

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MEMBER**  
**LYTLE, JAMES A. JR**  
**3411 TAMiami TRAIL N**  
**NAPLES, FL 34103**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Delete

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NAME  
STREET ADDRESS  
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.

SIGNATURE:

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

Date

Daytime Phone #

**8/31/03**

**939-571-9075**

CR2E083 (4/03)