2004 LIMITED LIABILITY COMPANY

FILED May 03, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L01000002244**

05-03-2004 90140 023 ****50.00 LELY PROFESSIONAL CENTER DEVELOPMENT, LLC Mailing Address Principal Place of Business 24063978 5405 PARK CENTRAL COURT 5405 PARK CENTRAL COURT NAPLES, FL 34109 NAPLES, FL 34109 3. Mailing Address 12810 Tamiami Trail 2. Principal Place of Business 12810 Tamiami Irail Suite, Apt. #, etc. Suite, Apt. #, etc. 03162004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For ple 59-3700377 Not Applicable 19 Country Zip Country USA \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Stephen V. Robison PITKIN, JERALD R ESQ. 801 ANCHOR RODE DR., STE. 203 Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34103 12810 Tamiami Trai chy naples 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. Skohen V. Robisor **SIGNATURE** Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. GATES MCVEY CAPITAL GROUP, L.L. C. Change MGRM TITLE ☐ Delete TITLE ☐ Addition GATE MCVEY CAPITAL GROUP, L.L.C. NAME NAME 5405 PARK CENTRAL COURT STREET ADDRESS STREET ADDRESS naples, FL 34110 NAPLES EL 34109 CITY-ST-ZIP CITY-ST-ZIP MGRM Change ☐ Delete ☐ Addition TITLE TITLE Richardt, Helmut A. NAME RICHARDT, HELUMT A NAME STREET ADDRESS STREET ADDRESS 12840 TAMIAMI TRAIL NORTH CITY-ST-ZIE NAPLES, FL 34109 CITY-ST-ZIP naples, FL 34110 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CJTY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Stephen V. Robison 239<u>-593-3777</u> SIGNATURE: MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE