

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90098 032 ****50.00

DOCUMENT # L01000003537

1. Entity Name
CORAZON DEVELOPMENT, LLC



Principal Place of Business
3340 TAMiami TRAIL
PORT CHARLOTTE, FL 33952

Mailing Address
3340 TAMiami TRAIL
PORT CHARLOTTE, FL 33952



01302004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1080437	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

CONNELLY, Terence
CONNELLS, TERENA P MD
3340 TAMiami TRAIL
PORT CHARLOTTE, FL 33952

**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 _____
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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CONNELLY, TERENCE 3340 TAMiami TRAIL PORT CHARLOTTE, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LOPEZ, MARIO 3340 TAMiami TRAIL PORT CHARLOTTE, FL 33950
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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: *Terence P. Connelly* **- Terence P. Connelly** 2/2/04 941-764-5858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #