

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90137 001 ****50.00

DOCUMENT # L01000005717

1. Entity Name
CENTER AT THE SPRINGS II DEVELOPMENT, LLC



Principal Place of Business
5405 PARK CENTRAL CT.
NAPLES, FL 34109

Mailing Address
5405 PARK CENTRAL CT.
NAPLES, FL 34109

2. Principal Place of Business
12810 Tamiami Trail N.

3. Mailing Address
12810 Tamiami Trail N



04062004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
59-3733393

Applied For
Not Applicable

Zip
34110

Country
USA

Zip
34110

Country
USA

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

6. Name and Address of Current Registered Agent

CAUDILL, JAMES T.
2640 GOLDEN GATE PKWY
#115
NAPLES, FL 34105

7. Name and Address of New Registered Agent

Name
Stephen V. Robison

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

12810 Tamiami Trail N.

City
Naples

FL

Zip Code
34110

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GATES MCVEY CAPITAL GROUP, L.L.C.
5405 PARK CENTRAL CT.
NAPLES, FL 34109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
12810 Tamiami Trail N.
Naples, FL 34110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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 #

Stephen V. Robison

4-7-04

239-593-3777