

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90347 028 ****50.00

DOCUMENT # L01000008364

1. Entity Name
DEVELOPERS OF BRADENTON BEACH, L.L.C.



Principal Place of Business
525 8TH STREET WEST
BRADENTON, FL 34205

Mailing Address
525 8TH STREET WEST
BRADENTON, FL 34205



02132004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1107308

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MAPES, REED W
525 8TH STREET WEST
BRADENTON, FL 34205

**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	MGR
NAME	MAPES & MAPES, INC.
STREET ADDRESS	525 8TH STREET WEST
CITY - ST - ZIP	BRADENTON, FL 34205
TITLE	MGR
NAME	WILSON, JEFFREY ELLARD
STREET ADDRESS	1281 GULF OF MEXICO DRIVE #1006
CITY - ST - ZIP	LONGBOAT KEY, FL 34228
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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: _____

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

Date

Daytime Phone #

2/13/04

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708-3444