


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90235 017 ****50.00

DOCUMENT # L01000009132	
1. Entity Name FAE DEVELOPMENT, L.L.C.	

Principal Place of Business 492 PINE AVENUE 5431 PINE RIDGE ROAD, SUITE 101 NAPLES FL 34108	Mailing Address PO BOX 11448 5431 PINE RIDGE ROAD, SUITE 101 NAPLES FL 34101
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MOORE CR2E083 (11/03)

2. Principal Place of Business 492 PINE AVENUE	3. Mailing Address PO BOX 11448
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State NAPLES	City & State NAPLES
Zip FL 34101	Country US

4. FEI Number 65-1114130	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FINE, ROGER H 492 PINE AVENUE 5431 PINE RIDGE ROAD, SUITE 101 NAPLES FL 34108	
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7. Name and Address of New Registered Agent Name: TIMOTHY ELDREDGE Street Address (P.O. Box Number is Not Acceptable): 8825 WORTHINGTON CIRCLE City: INDIANAPOLIS IN FL Zip Code: 46278	
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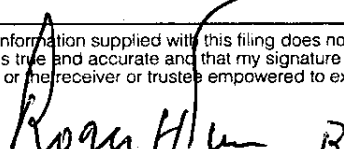
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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 May 1, 2004	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELDREDGE, TIMOTHY O 8825 WORTHINGTON CIRCLE INDIANAPOLIS IN 46278 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINE, ROGER H 492 PINE AVENUE NAPLES FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **ROGER H FINE** **1/27/04 (239) 513-9833**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #