

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013997

FILED  
Jan 12, 2004  
Secretary of State

Entity Name: L PLUS LAND DEVELOPERS/BUILDERS L.L.C.

## Current Principal Place of Business:

12995 S CLEVELAND AVE PBS #34  
FORT MYERS, FL 33907

## New Principal Place of Business:

205 E JOEL BLVD  
#106  
LEHIGH ACRES, FL 33972

## Current Mailing Address:

12995 S CLEVELAND AVE PBS #34  
FORT MYERS, FL 33907

## New Mailing Address:

205 E JOEL BLVD  
#106  
LEHIGH ACRES, FL 33972

FEI Number: 65-1142992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOWELL, HARVEY M  
12995 S CLEVELAND AVE PBS #34  
FORT MYERS, FL 33907 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: TICE, SHARON T  
Address: 1611 HIGHLAND AVE.  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: MGRM ( ) Delete  
Name: SCHACHINGER, RUDOLF  
Address: 605 ROBERT AVE.  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: MGRM ( ) Delete  
Name: LOWELL, HARVEY M  
Address: 12995 S CLEVELAND AVE PBS #34  
City-St-Zip: FORT MYERS, FL 33907

Title: MGRM ( ) Delete  
Name: COOK, TIMOTHY R  
Address: 7100 PINNACLE DR #B2  
City-St-Zip: FORT MYERS, FL 33907

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HARVEY M LOWELL

MGR

01/12/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date