

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90092 045 \*\*\*\*\*50.00

**DOCUMENT # L01000016537**

1. Entity Name  
GILES DEVELOPMENT V, L.L.C.



Principal Place of Business  
6025 CARLTON LAKES BLVD.  
NAPLES, FL 34110

Mailing Address  
6025 CARLTON LAKES BLVD.  
NAPLES, FL 34110



2. Principal Place of Business

3. Mailing Address

6704 LONE OAK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NAPLES, FL

Zip

Country

Zip

Country

34109

USA

07062004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
65-0887171

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STERLING, JACK  
6025 CARLTON LAKES BLVD.  
NAPLES, FL 34110

Name

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

6704 LONE OAK BLVD

City

NAPLES

FL

Zip Code

34109

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

*Jack Sterling* JACK STERLING

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/6/04

**Filing Fee is \$50.00**  
**Due by September 8, 2004**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CLAUSSEN, ROBERT G  
6025 CARLTON LAKES BLVD.  
NAPLES, FL 34110 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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TITLE  
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STREET ADDRESS  
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**

*Robert G Claussen* MGRM ROBERT CLAUSSEN 7/6/04

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

Date

Daytime Phone #

239 596 9067