

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90150 030 ****50.00

DOCUMENT # L01000016539

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



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

Mailing Address
6704 LONE OAK BLVD
NAPLES, FL 34109

2. Principal Place of Business
6704 Lone Oak Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242005

Chg-LLC

CR2E083 (10/03)

City & State
NAPLES FL

City & State

4. FEI Number

65-0887171

Applied For

Not Applicable

Zip *34109*

Country *USA*

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STERLING, JACK
6704 LONE OAK BLVD
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
6704 Lone Oak Blvd
NAPLES FL 34109

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

TITLE
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☐ Change ☐ Addition

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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: *Robert G. Clausen* **Robert G. Clausen**

1/27/05

234-596-9067

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

Date

Daytime Phone #