

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90052 015 \*\*\*\*50.00

**DOCUMENT # L01000018646**

1. Entity Name  
**WESTPOINTS DEVELOPMENT, L.L.C.**



Principal Place of Business  
**1004 COLLIER CENTER WAY  
SUITE 100  
NAPLES, FL 34110**

Mailing Address  
**1004 COLLIER CENTER WAY  
SUITE 100  
NAPLES, FL 34110**

**DO NOT WRITE IN THIS SPACE**



01072005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**65-0487977**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MILLER, MATTHEW T  
1004 COLLIER CENTER WAY  
SUITE 100  
NAPLES, FL 34110**

**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MILLER, JOHN II  
1004 COLLIER CENTER WAY  
NAPLES, FL 34110**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MILLER, JOHN CHARLES  
1004 COLLIER CENTER WAY  
NAPLES, FL 34110**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MILLER, MATTHEW T  
1004 COLLIER CENTER WAY  
NAPLES, FL 34110**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 #