


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90216 028 \*\*\*\*55.00

<b>DOCUMENT # L01000018748</b>			
1. Entity Name <b>SHOWALTER FAMILY, LLC</b>			
Principal Place of Business <b>102 WILDERNESS WAY, #342 NAPLES FL 34105</b>		Mailing Address <b>102 WILDERNESS WAY, #342 NAPLES FL 34105</b>	
2. Principal Place of Business <b>102 Clubhouse Dr.</b>		3. Mailing Address <b>102 Clubhouse Dr.</b>	
Suite, Apt. #, etc. <b>#377</b>		Suite, Apt. #, etc. <b>#377</b>	
City & State <b>Naples, FL</b>		City & State <b>Naples, FL</b>	
Zip <b>34105</b>	Country <b>U.S.A.</b>	Zip <b>34105</b>	Country <b>U.S.A.</b>



MOORE CR2E083 (11/03)

4. FEI Number <b>59-3757549</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			

6. Name and Address of Current Registered Agent <b>SHOWALTER, ROBERT 102 WILDERNESS WAY, #342 NAPLES FL 34105</b>		7. Name and Address of New Registered Agent Name <b>Showalter, Robert</b> Street Address (P.O. Box Number is Not Acceptable) <b>102 Clubhouse Dr.</b> <b>#377</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34105</b>	
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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 *Robert Showalter* **3-23-04**  
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**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SHOWALTER, ROBERT 102 WILDERNESS WAY #342 NAPLES FL 34105</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Showalter, Robert 102 Clubhouse Dr. #377 Naples, FL 34105</b> <input checked="" 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
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
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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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

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 Showalter* **3-23-2004 (239) 649-4743**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #