## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 27, 2004 08:00 AM Secretary of State DOCUMENT # L01000020577 1. Entity Name BROOKS LANDING, LLC Mailing Address Principal Place of Business 3606 ENTERPRISE AVE. 3606 ENTERPRISE AVE. NAPLES, FL 34104 NAPLES, FL 34104 04202004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0534468 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Pee Required 6. Name and Address of Current Registered Agent NOVATT, JEFF M ESQ. DO NOT WRITE CHEFFY, PASSIDOMO, WILSON & JOHNSON LLP 821 FIFTH AVE, SOUTH, STE. 201 IN THIS SPACE NAPLES, FL 34102 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. (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 <u>,ŲQ0,QQ0 Į 3,2594</u> MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME BARBER, DONALD R 3606 ENTERPRISE AVE. STREET ADDRESS NAPLES, FL 34104 EHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CitY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME

11. Thereby certify that the information supplied with this fitting 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:

STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP

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

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**FILED**