LIMITED LIABILITY COMPANY

FILED Jul 08, 2002 8:00 am Secretary of State 05-30-2002 91595 011 ****50.00

UNIFORM BUSINESS REPORT (UBR)					
DOCUMENT # L01000022169 1. Entity Name					
PORT ROYAL DEVELOP	MENT, LLC				
DO NOT WI	RITE IN THIS SPACE				
Principal Place of Business	3. Mailing Address				

PORT ROYAL DEVELOPMENT, LLC									
	DO NOT WRITE	IN THIS	SPAC	E					
Principal Place of Business Address Mailing Address									
ORT RO Suite, Apt.	YAL DEVELOPMENT *, etc.	3055 Terr Suite, Apt. #, etc.		ive	-	DO NOT WRIT	TE IN THIS SPAC	DE	
	erramar Drive	0				 		1 1	_
City & State		City & State Naples FI			4. FEI Nu	01-0553440	0	Applied For Not Applicable	-
Naples, FL Naples Zip Country Zip			Country			and a Charles Desired	\$5.	00 Additional	7
34119 USA 34119		USA	USA		5. Certificate of status besided Fee Required				
				Nome	7. Name a	nd Address of Current	Registered Age	ent	╝.
 - شی میموردست، نیستان	DO-NOT-W	RITE		Name Arthu Street Address	ur Sch (P.O. Box Nu	einholiz mber is Not Acceptable)		
العي	IN THIS SE	PACE		2055		Dud			7
				City	5 Terramar Drive				
- <u> </u>	named entity submits the statement for		1	Naple				34119	-
	named entity submissing statement is	ke purpose of criangi	ing its registers	a onice or registe	ereu agem, or	both, in the State of Fig		22-	
SIGNATURE	Signature, typed or printed name of Tegistered agent	and file applicable.					DATE		}
		Make Chec	FEE IS k Payable to DUE BY	Department	of State				
9.	MANAGING MEMBE	RS/MANAGERS]_
TITLE NAME	MGRM Arthur Scheinhol:	_	TITLE					•	CRZE083B (12/01)
STREET ADORESS	3055 Terramar Dri			T ADORESS		-			2
CITY-ST-ZIP	Naples FL 34119	LVE	CITY	ST-ZIP					83
TITLE	MGRM		DTLE						ZE SE
NAME	Enrique Darer		NAME	ļ.				•	Ö
STREET ADDRESS CITY-ST-ZIP	3055 Terramar Dri	ve		F ADDRESS ST-ZIP		•			
TITLE	Naples, FL 34119 MGRM		TITLE		· · · · · · · · · · · · · · · · · · ·				┥
NAME-	Don Mignosa		NAME			المناهان	سيها د جا		
STREET ADORESS	3055 Terramar Dri	.ve		TADORESS	Г	OO NOT	NRITE		}
	Naples, FL 34119	<u> </u>	CITY~	ST-ZIP	<u>-, ,,</u>				┥
	MGRM Peter Bourassa		TITLE NAME			N THIS S	PACE		Ì
STREET ADDRESS:	3055 TerramarDDri	WO		ADDRESS					1
	Naples, FL 34119		CITY-S	T-ZIP					1
TITLE			TITLE						
NAME			NAME	ADORECE					
Street address City-St-Zip			STREET	ADORESS ST-ZIP					1
TIFLE	* .		TITLE			 			1
NAME			NAME	[
STREET ADDRESS	•			ADDRESS				•	.]
ATY-ST-ZIP	···		CITY-S	T-ZIP]

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, MANAGER, OR ALITHORIZED REPRESENTATIVE

12/2002

(941)593-7373

Davtime Phone #