

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90033 050 \*\*\*\*50.00

<b>DOCUMENT # L02000004419</b>					
<b>1. Entity Name</b> GLADIOLUS PRESERVE, L.L.C.					
<b>Principal Place of Business</b> 11220 METRO PKWY., STE. 27 FORT MYERS, FL 33912			<b>Mailing Address</b> 11220 METRO PKWY., STE. 27 FORT MYERS, FL 33912		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052005    Chg-LLC    CR2E083 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 02-0564871	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DR., STE. 340 FORT MYERS, FL 33907			<b>7. Name and Address of New Registered Agent</b> Name <b>W. MICHAEL KERVER</b> Street Address (P.O. Box Number is Not Acceptable) <b>11220 METRO PARKWAY, SUITE 27</b> City <b>FORT MYERS</b> <b>FL</b> Zip Code <b>33912</b>		
<b>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.</b> SIGNATURE <b>W. MICHAEL KERVER</b> V.P. <b>3-30-05</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SEITZ, A. JEFFREY 4215 EAST 80TH ST., STE. 6 DAVENPORT, IA 52807	<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	MGR SALANTA, RICHARD A 6715 TIPPECANOE RD., BLDG. B CANFIELD, OH 44406	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SALATA RICHARD A. <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
<b>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 officer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> <b>W. MICHAEL KERVER</b> V.P. <b>3-30-05</b> <b>239-939-9996</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					