

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90141 041 \*\*\*\*50.00

DOCUMENT # L02000006094

1. Entity Name  
OLDE NAPLES VILLAS, L.L.C.



Principal Place of Business  
5405 PARK CENTRAL COURT  
ATTN: STEPHEN ROBISON  
NAPLES, FL 34109

Mailing Address  
5405 PARK CENTRAL COURT  
ATTN: STEPHEN ROBISON  
NAPLES, FL 34109

24064038

2. Principal Place of Business,  
12810 Tamiami Trail N.  
Suite, Apt. #, etc.

3. Mailing Address  
12810 Tamiami Trail N.  
Suite, Apt. #, etc.

City & State  
Naples, FL

City & State  
Naples, FL

Zip  
34110

Country  
USA

Zip  
34110

Country  
USA

03162004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
04-3618268

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

ROBISON, STEPHEN V  
~~5405 PARK CENTRAL COURT~~  
~~NAPLES, FL 34109~~

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

12810 Tamiami Trail N.

City Naples

FL

Zip Code 34110

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, 2004

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME GATES MCVEY CAPITAL GROUP, LLC  
STREET ADDRESS ~~5405 PARK CENTRAL COURT~~  
CITY-ST-ZIP ~~NAPLES, FL 34109~~

TITLE MGRM ☐ Delete  
NAME MOLINO, SAM  
STREET ADDRESS 2110 ROUTE 70 EAST, SUITE 114  
CITY-ST-ZIP CHERRY HILL, NJ 08003

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 12810 Tamiami Trail N.  
CITY-ST-ZIP Naples, FL 34110

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-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.

STEPHEN V ROBISON

SIGNATURE

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

Date

Daytime Phone #

239-  
4-7-04 593-3777