2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Mar 08, 2004 08:00 AM Secretary of State DOCUMENT # L02000006891 GRASSY POINT ESTATES, LLC Principal Place of Business Mailing Address 3073 SOUTH HORSESHOE DRIVE 3073 SOUTH HORSESHOE DRIVE SUITE 118 NAPLES FL 34104 NAPLES FL 34104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) City & State City & State 4. FEI Number Applied For 26-7932576 Not Applicable Ζιp Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARNOLD, DEAN A Street Address (P.O. Box Number is Not Acceptable) 3073 SOUTH HORSESHOE DRIVE **SUITE 118** NAPLES FL 34104 Zip Code FI 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, 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 MGRM ☐ Delete THE ☐ Change ☐ Addition NAME ARNOLD, DEAN A NAME U000000080016 STREET ADDRESS 3073 SOUTH HORSESHIE DRIVE SUITE 118 STREET ADDRESS 03/08/04-80091-023 50.00 CITY-ST-ZIP NAPLES FL 34104 CITY-ST-ZIP TITLE ☐ Delele TIBLE ☐ Change Addition 🔲 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete THEF Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 engagement of execute this report as required by Chapter 608, Florida Statutes.

NO TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED