

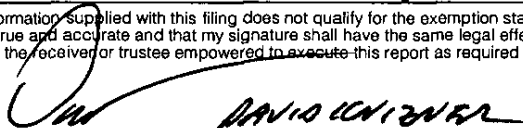


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90562 012 \*\*\*\*50.00

<b>DOCUMENT # L02000007092</b> 1. Entity Name <b>MASTIQUE DEVELOPMENT, LLC</b>					
Principal Place of Business <b>9400 GLADIOLUS DRIVE, SUITE 250 FORT MYERS, FL 33908</b>			Mailing Address <b>9400 GLADIOLUS DRIVE, SUITE 250 FORT MYERS, FL 33908</b>		
2. Principal Place of Business <b>9001 DANIELS PARKWAY</b> Suite, Apt. #, etc. <b>SUITE 200</b> City & State <b>FORT MYERS FL</b> Zip <b>33912</b> Country		3. Mailing Address <b>9001 DANIELS PARKWAY</b> Suite, Apt. #, etc. <b>SUITE 200</b> City & State <b>FORT MYERS FL</b> Zip <b>33912</b> Country			
4. FEI Number <b>01-0628704</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				02232004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN STREET SUITE 2100 TAMPA, FL 33602</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</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	<b>MGRM REISMAN, JOHN 9400 GLADIOLUS DRIVE, SUITE 250 FORT MYERS, FL 33908</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>9001 DANIELS PARKWAY SUITE 200 FORT MYERS, FL 33912</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> 		<b>DAVID W. BAKER</b>		<b>3/22/04</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	