

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009464

FILED
Apr 20, 2005
Secretary of State

Entity Name: CLOVER DEVELOPMENT, L.L.C.

Current Principal Place of Business:

5800 LAKEWOOD RANCH BLVD
SARASOTA, FL 34240

New Principal Place of Business:

5800 LAKEWOOD RANCH BLVD
SARASOTA, FL 34240 US

Current Mailing Address:

5800 LAKEWOOD RANCH BLVD
SARASOTA, FL 34240

New Mailing Address:

5800 LAKEWOOD RANCH BLVD
SARASOTA, FL 34240 US

FEI Number: 05-0535991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACK, WENDY L
5800 LAKEWOOD RANCH BLVD
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DOOLEY, WILLIAM R
Address: 2750 STICKNEY POINT RD
City-St-Zip: SARASOTA, FL 34231

Title: MGRM () Delete
Name: SMITH, KENNETH D
Address: 2750 STICKNEY POINT RD
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DOOLEY, WILLIAM R
Address: 5800 LAKEWOOD RANCH BLVD.
City-St-Zip: SARASOTA, FL 34240 US

Title: MGRM (X) Change () Addition
Name: SMITH, KENNETH D
Address: 5800 LAKEWOOD RANCH BLVD.
City-St-Zip: SARASOTA, FL 34240 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM R. DOOLEY

MGRM

04/20/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date