

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90102 036 \*\*\*\*50.00

**DOCUMENT # L02000023596**



1. Entity Name  
**JOSEPH C. PIPER, L.L.C.**

Principal Place of Business  
**3401 GULF SHORE BLVD. NORTH, #202  
NAPLES, FL 34103**

Mailing Address  
**3401 GULF SHORE BLVD. NORTH, #202  
NAPLES, FL 34103**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
**42-1523730**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOWLER WHITE MYERS KRAUSE  
5811 PELICAN BAY BLVD, SUITE 600  
NAPLES, FL 34108**

Name  
**CLASP INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3001 Tamiami Trail North**  
**4th Floor**  
City  
**Naples** FL Zip Code  
**34103**

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.

**CLASP INC.** Registered Agent

SIGNATURE *Deborah Russell*  
Signature, typed or printed name of registered agent and title if applicable.

**Deborah Russell, Vice President**

DATE **1/20/2005**

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PIPER, JOSEPH C ☐ Delete  
3401 GULF SHORE BLVD. NORTH, #202  
NAPLES, FL 34103

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PIPER, LYNN TRUSTEE ☐ Delete  
3401 GULF SHORE BLVD. NORTH, #202  
NAPLES, FL 34103

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PIPER, JOSEPH COPELAN II ☐ Delete  
6415 W. ROOSEVELT  
PHOENIX, AZ 85043

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PIPER, JEFFERY GRAHAM ☒ Delete  
458 KEIFFER ROAD  
SHREWSBURY, VT 05738

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PIPER, JAMES BLANDIN ☐ Delete  
10791 NEHA COURT  
GREAT FALLS, VA 22066

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PIPER, JOHN GIBBON ☐ Delete  
4302 OAKWOOD LANE  
WEST DES MOINES, IA 50265

10. ADDITIONS/CHANGES

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

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

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

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

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

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

SIGNATURE: *Lynn Piper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Joseph C. Piper*  
Joseph C. Piper, Member

DATE **1/20/2005** 239.435.0148  
Daytime Phone #