2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

1. Entity Nan	MEN I # LUZUUUUZ4. MCVEY RESIDENTIAL, L.L.C				05-03-2004	90140 020 **	**50.0	00
, , , , , , , , , , , , , , , , , , , ,	ce of Business CENTRAL COURT 34109	Mailing Address 5405 PARK CENTRAL CO NAPLES, FL 34109	URT			240639	31	
	Place of Business Tamiami Trail N. #, etc.	3. Mailing Address 12810 Tamam Suite, Apt. #, etc.	ii Trail N	03162004	Chg-LLC	CR2E083 (10)		
City & Star	es C1	City & State	=1	4. FE! Numb	er		Applie	ed For
-Zip,	Country A	Zip 24-110	Country	52-237 5. Certificate	of Status Desired	□ \$5.00	Additio	pplicable nal
2-111	6. Name and Address of Current I		USH	7. Name and	Address of New F		quirea	
		<u> </u>	Name					
	I, STEPHEN V IK CENTRAL COURT		Street Ad	dress (P.O. Box Numb	er is Not Acceptable	<u>Robis</u>	0 1	
NAPLES,				O Tamiar				
	•,		City				Code	
The above	e named entity submits this statement for	r the purpose of changing its re		DICS	h in the State of Ele	orida Lam familiar	411	d accept
	tions of registered agent.		stephen V. R		ir, iir ti io State Of Fi	onca, rammamma	willi, and	u accept
SIGNATURE	SINV			- 4 - 7 - c e required when reinstating)	4			
GIGI WITOTILE	Signature, typed or printed paine of registered agent a	and title if applicable. (NOTE: R	legistered Agent signature	e required when reinstating)		DATE		
F	Signature, typed or printed period of registered agent a silling Fee Is \$50.00 tue by May 1, 2004	(NOTE: R	Registered Agent signature	e required when reinstating)	Mai	DATE THE CHECK PAYABLE THE CHE		
F D	Signature, typed or printed perfect registered agent a siling Fee is \$50.00 pue by May 1, 2004	RS/MANAGERS	10.	e required when reinstating)	Mai	ce check payable a Department of	State	
9.	Signature, typed or printed perfect of registered agent a siling Fee Is \$50.00 pue by May 1, 2004 MANAGING MEMBEI	RS/MANAGERS	10.		Mak Florid ADDITIONS	ke check payable a Department of	State	Addition
F D	Signature, typed or printed perfect registered agent a siling Fee is \$50.00 pue by May 1, 2004	RS/MANAGERS Delete JP, LLC	10. TITLE NAME STREET ANDRESS	12810 Tami	ADDITIONS	ke check payable a Department of	State	Addition
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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.

239-593-3777 G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE