

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-03-2004 90140 020 \*\*\*\*50.00

**DOCUMENT # L02000024378**

1. Entity Name  
**GATES MCVEY RESIDENTIAL, L.L.C.**



Principal Place of Business  
**5405 PARK CENTRAL COURT  
NAPLES, FL 34109**

Mailing Address  
**5405 PARK CENTRAL COURT  
NAPLES, FL 34109**

**24063981**



2. Principal Place of Business  
**12810 Tamiami Trail N.**  
Suite, Apt. #, etc.

3. Mailing Address  
**12810 Tamiami Trail N.**  
Suite, Apt. #, etc.

03162004 Chg-LLC CR2E083 (10/03)

City & State  
**Naples, FL**

City & State  
**Naples, FL**

4. FEI Number  
**52-2378446**

Applied For  
Not Applicable

Zip  
**34110**

Country  
**USA**

Zip  
**34110**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**ROBISON, STEPHEN V  
5405 PARK CENTRAL COURT  
NAPLES, FL 34109**

**7. Name and Address of New Registered Agent**

Name  
**STEPHEN V ROBISON**  
Street Address (P.O. Box Number is Not Acceptable)  
**12810 Tamiami Trail N.**  
City  
**Naples** FL Zip Code  
**34110**

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.

**Stephen V. Robison**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GATES MCVEY CAPITAL GROUP, LLC  
405 PARK CENTRAL COURT  
NAPLES, FL 34109** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WILSON, JOHN E  
5405 PARK CENTRAL COURT  
NAPLES, FL 34109** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**12810 Tamiami Trail N.  
Naples, FL 34110** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**12810 Tamiami Trail N  
Naples FL 34110** ☒ 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: **Stephen V. Robison** **239-593-3777**  
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #