


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90003 043 ****50.00

DOCUMENT # L02000024486	
1. Entity Name PASTOOR PROPERTIES OF COLLIER COUNTY, L.L.C.	

Principal Place of Business 1563 HUGO CIRCLE SILVER SPRINGS, MD 20906	Mailing Address 1563 HUGO CIRCLE SILVER SPRINGS, MD 20906
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94007858

2. Principal Place of Business 4531 Prescott Lane	3. Mailing Address 4531 Prescott Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01222004 Chg-LLC CR2E083 (10/03)

City & State Naples, FL	City & State Naples FL
Zip 34119	Country USA
Zip 34119	Country USA

4. FEI Number 11-3663935	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FISHER, RALPH 385 HARVARD CT NAPLES, FL 34104

7. Name and Address of New Registered Agent Name Sandra Pastoor Street Address (P.O. Box Number is Not Acceptable) 4531 Prescott Lane City Naples, FL Zip Code 34119
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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 Sandra Pastoor <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 1-22-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PASTOOR, GEORGE 1563 HUGO CIRCLE SILVER SPRINGS, MD 20906 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PASTOOR, GEORGE 4531 Prescott Lane Naples, FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PASTOOR, SANDRA 1563 HUGO CIRCLE SILVER SPRINGS, MD 20906 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PASTOOR, SANDRA 4531 Prescott Lane Naples, FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.	
SIGNATURE Sandra Pastoor <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date 1-22-04/239 591-2543 <small>Daytime Phone #</small>