


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-03-2004 90139 020 ****50.00

DOCUMENT # L02000025063	
1. Entity Name GATES MCVEY - KNOPKE, LLC	

Principal Place of Business 5405 PARK CENTRAL COURT NAPLES, FL 34109	Mailing Address 5405 PARK CENTRAL COURT NAPLES, FL 34109
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2. Principal Place of Business 12810 Tamiami Trail N. Suite, Apt. #, etc.	3. Mailing Address 12810 Tamiami Trail N. Suite, Apt. #, etc.
City & State Naples, FL	City & State Naples, FL
Zip 34110	Country USA



03162004 Chg-LLC CR2E083 (10/03)

4. FEI Number 11-3654955	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ROBISON, STEPHEN V 5405 PARK CENTRAL COURT NAPLES, FL FL	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12810 Tamiami Trail N. City Naples FL Zip Code 34110
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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.

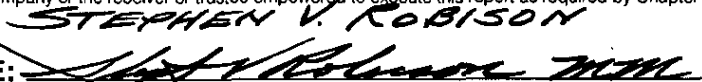
SIGNATURE  **Stephen V. Robison** **4-7-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR <input type="checkbox"/> Delete	NAME ROBISON, STEPHEN V	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 12810 Tamiami Trail N.
STREET ADDRESS 5405 PARK CENTRAL COURT	CITY-ST-ZIP NAPLES, FL 34109	STREET ADDRESS	CITY-ST-ZIP naples, FL 34110
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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** **4-7-04** **239-593-3777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #