2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State
02-09-2004 90189 017 ****50.00

DOCUMENT # L02000031520

1. Entity Name
WEDDINGTON DEVELOPMENT GROUP, LLC

Principal Place of Business	Mailing Address
5263 GOLDEN GATE PKWY., STE D NAPLES, FL 34116	PO BOX 8719 NAPLES, FL 34101

01282004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
7000 Pinnacle Lane # 1402	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Naples, FL	
City & State	City & State
34110 USA	
Zip / Country	Zip / Country

4. FEI Number: 03-0494443 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAMSEY, JACOB WEDDINGT
4901 GULFSHORE BLVD. NORTH #1901
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name: Jacob W. Ramsey
Street Address (P.O. Box Number is Not Acceptable): 7000 Pinnacle Lane # 1402
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.

SIGNATURE [signature] Jay. W. Ramsey, Manager 1/28/04
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	☐ Delete	TITLE	Manager	☑ Change ☐ Addition
NAME	RAMSEY, JACOB W		NAME	Jacob W. Ramsey	
STREET ADDRESS	4901 GULF SHORE BLVD. N, #1901		STREET ADDRESS	7000 Pinnacle Lane #1402	
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP	Naples, FL 34110	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] Jay W. Ramsey 1/28/04 239.272.8631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #