2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001368

Entity Name: OVID DEVELOPMENT, LLC

FILED Apr 20, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2804 DEL PRADO BLVD 2222 SECOND STREET 209 FORT MYERS, FL 33901

CAPE CORAL, FL 33904

Current Mailing Address: New Mailing Address:

2804 DEL PRADO BLVD
209
CAPE CORAL, FL 33904
2222 SECOND STREET
FORT MYERS, FL 33901

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BONE, ROBERT E JR

2804 DEL PRADO BLVD

SUITE 209

CAPE CORAL, FL 33904 US

MADDEN, JOSEPH M JR

2222 SECOND STREET

FORT MYERS, FL 33901 US

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.

SIGNATURE: JOSEPH M. MADDEN, JR. 04/20/2004

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 BONE, ROBERT E JR
 Name:

 Address:
 2804 DEL PRADO BLVD SUITE 209
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 MADDEN, JOSEPH M JR
 Name:

 Address:
 2222 SECOND STREET
 Address:

 City-St-Zip:
 FORT MYERS, FL 33904
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOSEPH M. MADDEN, JR. MGRM 04/20/2004