

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

05 MAR 14 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L03000008171

1. Entity Name  
CALOOSA LAKES, LLC



Principal Place of Business  
8310 BIG ACORN CIRCLE #1001  
NAPLES, FL 34119

Mailing Address  
8310 BIG ACORN CIRCLE #1001  
NAPLES, FL 34119



01042005 No Chg-LLC

CR2E083 (10/03)

3/14

DO NOT WRITE IN THIS SPACE

4. FEI Number  
03-0529200

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ROSBOROUGH, KAREN  
9990 Bonita Beach Rd., # 215  
Bonita Springs, FL 34135

DO NOT WRITE  
IN THIS SPACE

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, typed or printed name of registered agent and title (Applicable)

AUTHORIZATION BY PHONE TO

CORRECT K/A ADDRESS (NOTE: Applicable only if change of address required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2005

DATE 3/14/05  
DOC. EXAM 1284

900048224599  
03/14/05--01004--004 \*\*85.00

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME SAUNDRY ASSOCIATES, INC  
STREET ADDRESS 8310 BIG ACORN CIR #1001  
CITY-ST-ZIP NAPLES, FL 34119

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

\$50-AR

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

3/1/2005

Date

Daytime Phone #