
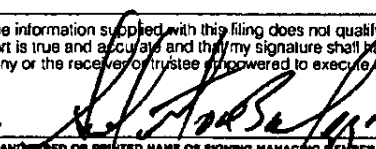


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90559 031 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                        |                                 |                                                                            |                                                                                                                   |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L03000010623</b><br>1. Entity Name<br><b>BENT PALM DEVELOPMENT, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                        |                                 |                                                                            |                                  |                                                                   |
| Principal Place of Business<br>2242 HEMINGWAY DR.<br>SUITE "I"<br>FORT MYERS, FL 33912                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                        |                                 | Mailing Address<br>2242 HEMINGWAY DR.<br>SUITE "I"<br>FORT MYERS, FL 33912 |                                                                                                                   |                                                                   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                        |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                  |                                                                                                                   |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        |                                 | City & State                                                               |                                                                                                                   |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                        | Country                         |                                                                            | Zip                                                                                                               |                                                                   |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                        | Country                         |                                                                            | 4. FEI Number<br><b>59-375 1791</b>                                                                               |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                        |                                 |                                                                            | Applied For<br><input type="checkbox"/> Not Applicable                                                            |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>MUNIZZI, SALVATORE B.</b><br><b>2242 HEMINGWAY DR.</b><br><b>SUITE "I"</b><br><b>FORT MYERS, FL 33912</b>                                                                                                                                                                                                                                                                                                                                               |                                                                                        |                                 |                                                                            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                                                   |
| 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.                                                                                                                                                                                                                                                                                 |                                                                                        |                                 |                                                                            | FL Zip Code                                                                                                       |                                                                   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                        |                                 |                                                                            |                                                                                                                   |                                                                   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                        |                                 | <b>Make check payable to<br/>Florida Department of State</b>               |                                                                                                                   |                                                                   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                        |                                 | <b>10. ADDITIONS/CHANGES</b>                                               |                                                                                                                   |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MGRM<br>SDSM LLIMITED<br>2242 HEMINGWAY DR. SUITE "I"<br>FORT MYERS, FL 33912          | <input type="checkbox"/> Delete |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MGRM<br>LAM DEVELOPMENT, LLC<br>120 INTERNATIONAL PKWY SUITE 220<br>HEATHROW, FL 32746 | <input type="checkbox"/> Delete |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                        | <input type="checkbox"/> Delete |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                        | <input type="checkbox"/> Delete |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                        | <input type="checkbox"/> Delete |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                        |                                 |                                                                            |                                                                                                                   |                                                                   |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                        |                                 |                                                                            |                                                                                                                   |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                        |                                 |                                                                            |                                                                                                                   |                                                                   |
| Date <b>3/26/04</b> Daytime Phone # <b>239 267-4600</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                        |                                 |                                                                            |                                                                                                                   |                                                                   |