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Secretary of State
05-03-2004 90130 049 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

34009330

DOCUMENT # L03000012213

1. Entity Name
JARVIS DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
11332 MINARET DRIVE TAMPA, FL 33626	298 SOUTH SAN ANTONIO ROAD MT. VIEW, CA 94301

04052004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2730 Shriver Dr.	298 S. San Antonio Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite 300
City & State	City & State
Fort Myers, FL	Mountain View, CA
Zip / Country	Zip / Country
33901 / USA	94404 / USA

4. FEI Number 04-3750648 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COHN, VANESSA N ESQ. 1110 NORTH FLORIDA AVENUE TAMPA, FL 33602	Name: Jarvis, William S. Street Address (P.O. Box Number is Not Acceptable): 2730 Shriver Dr. City: Fort Myers FL Zip Code: 33901

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 _____ DATE 4/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $60.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member/Manager William S. Jarvis 2730 Shriver Dr. Fort Myers, FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member William S. Jarvis 2730 Shriver Dr. Fort Myers, FL 33901	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: _____ 4/29/04 650-329-8858
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #