

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90066 050 \*\*\*\*55.00

DOCUMENT # L03000014723

1. Entity Name  
STETSON PROPERTIES, LLC



Principal Place of Business  
3200 TAMiami TRAIL NORTH, STE. 200  
NAPLES, FL 34103

Mailing Address  
3200 TAMiami TRAIL NORTH, STE. 200  
NAPLES, FL 34103

24057151



2. Principal Place of Business  
8540 MALLARDS WAY

3. Mailing Address  
23 SLEEPY Hollow DR

Suite, Apt. #, etc.  
NAPLES, Florida

Suite, Apt. #, etc.  
NEWTOWN SQUARE

04082004 Chg-LLC CR2E083 (10/03)

City & State  
34114

City & State  
PA 19073

4. FEI Number  
55-0828590

Applied For  
Not Applicable

Zip  
Country

Zip  
Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

LADEMAN, CARRIE E  
3200 TAMiami TRAIL NORTH, STE. 200  
NAPLES, FL 34103

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

DL

City

FL

Zip Code

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

*Willis J. Jr.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 10, 2004

DATE

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
STETSON, WILLIS J. JR.  
23 SLEEPY HOLLOW DR.  
NEWTOWN SQUARE, PA 19073 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
STETSON, WILLIS J. JR.  
23 SLEEPY HOLLOW DR.  
NEWTOWN SQUARE, PA 19073 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Willis J. Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-10-04

215-898-2886