

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019130

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** NOTTELEE DEVELOPMENT, LLC

**Current Principal Place of Business:**

4415 METRO PKWY., STE. 325  
FORT MYERS, FL 33906

**New Principal Place of Business:**

1642 MEDICAL LANE  
SUITE A  
FORT MYERS, FL 33907

**Current Mailing Address:**

4415 METRO PKWY., STE. 325  
FORT MYERS, FL 33906

**New Mailing Address:**

1642 MEDICAL LANE  
SUITE A  
FORT MYERS, FL 33907

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

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

FEICHTHALER, ERIC P  
4415 METRO PKWY., STE. 325  
FORT MYERS, FL 33906 US

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

ADAMS, HAL  
1642 MEDICAL LANE  
SUITE A  
FORT MYERS, FL 33907 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: HAL ADAMS

04/29/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: FEICHTHALER, ERIC P  
Address: 4415 METRO PKWY., STE. 325  
City-St-Zip: FORT MYERS, FL 33906

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ADAMS, HAL  
Address: 1642 MEDICAL LANE, SUITE A  
City-St-Zip: FORT MYERS, FL 33907

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: HAL ADAMS

MGR

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date