## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Aug 09, 2004 8:00 am Secretary of State 05-03-2004 90139 021 \*\*\*\*50.00

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DOCUMENT # L03000026971  1. Entity Native CALOOSAHATCHEE BASIN INVESTORS, L.L.C.			
Principal Place of Business 4415 METRO PARKWAY, SUITE 325 FORT MYERS, FL 33916	RO PARKWAY, SUITE 325 4415 METRO PARKWAY, SUITE 325		34009773
2. Principal Place of Business  207  WED 6 E DR Suite, Apt. #, etc.	71 WEDGE DR 12071 WEDGE DR		04292004 Chg-LLC CR2E083 (10/03)
City & State FORD MYERS, FL Zip Country	City & State FORT MYECS, FL Zip — C — Country		4. FEI Number Applied For Not Applicable  5. Catificate of Suntry Desired
339 (3 USA 6. Name and Address of Current	33913	US4	Certificate of Status Desired
FEICHTHALER, ERIC 4415 METRO PARKWAY, SUITE 325 FORT MYERS, FL 33916			DEFE DORALH - 1955 (P.O. Box Number is Not Acceptable) 201   WEDDE DOWE  DRF MYELS FL   Zip Sode 61/3
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 or registered agent and title if applicable (NOTE: Registered Agent algebraic required when reinstating)  DATE			
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State
9. MANAGING MEMBE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	RS/MANAGERS, ( ; ? (	TITLE NAME STREET ADDRESS 1	ADDITIONS/CHANGES  1/ANAGER Change BAddition  5 HANNON LOFF  2011 WEDUE DE  6 COMMERCS FE 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME	ANNUEL  PERE DUAL H  2011 WEDGE DL  FORT MYRIAS & 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Detate	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delets	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS GTY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi), Florida Statutes. I further certify that the information indicated on this report is true and accurate end that my signature shall have the same legal effect as if made under cath; 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: DORAGH AUTH. Mcl. 4/29/04 239-357-5785			

AHallment 34009773 THE DORAGH LAW FIRM, P.L.#LL30000 2697/

## ATTORNEYS AT LAW

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August 3, 2004

Florida Department of State Division of Corporations Annual Reports Section P.O. Box 6478 Tallahassee, FL, 32314

Re: Caloosahatchee Basin Investors, L.L.C.

Dear Sir or Madam:

Please find enclosed the annual copy you provided with the additional information required. The annual fee has previously been paid. Please do not hesitate to contact me if I can provide any additional information.

Sincerely yours,

Pete Doragh