

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026971

FILED
Sep 03, 2005
Secretary of State

Entity Name: CALOOSAHATCHEE BASIN INVESTORS, L.L.C.

Current Principal Place of Business:

12071 WEDGE DR
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

12071 WEDGE DR
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 15-1526749 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DORAL, PETE
12071 WEDGE DRIVE
FORT MYERS, FL 33913 US

Name and Address of New Registered Agent:

DORAGH, PETE
12071 WEDGE DRIVE
FORT MYERS, FL 33913 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: PETE DORAGH

09/03/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOFF, SHANNON
Address: 127071 WEDGE DR
City-St-Zip: FORT MYERS, FL 33913

Title: MGR (X) Delete
Name: DORAG, PETE H
Address: 12071 WEDGE DR
City-St-Zip: FORT MYERS, FL 339163

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOFF, SHANNON
Address: 12071 WEDGE DR
City-St-Zip: FORT MYERS, FL 33913

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHANNON GOFF

MGR

09/03/2005

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