

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90082 041 \*\*\*\*55.00

<b>DOCUMENT # L03000033284</b> 1. Entity Name <b>GBP DEVELOPMENT, LLC</b>					
Principal Place of Business <b>3470 CLUB CENTER BLVD. NAPLES, FL 34114-0816</b>			Mailing Address <b>3470 CLUB CENTER BLVD. NAPLES, FL 34114-0816</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>01072004</b> Chg-LLC    CR2E083 (10/03) Disregarded entity <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WOODWARD, MARK J C/O WOODWARD, PIRES &amp; LOMBARDO, P.A. 3200 TAMiami TRAIL NORTH, STE. 200 NAPLES, FL 33410</b>			Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reappointing)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GB Peninsula, Ltd.</b> <input type="checkbox"/> Delete <b>3470 Club Center Boulevard</b> <b>Naples, FL 34114</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: <i>Anthony DiNardo</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <b>Anthony DiNardo, Authorized Representative</b>			Date <b>4/15/04</b> (239) 732-9400 <small>Daytime Phone #</small>		