
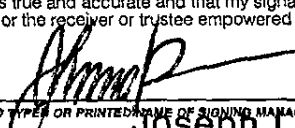


**2005 LIMITED LIABILITY COMPANY,
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

| | | | | | | | |
|---|-----------------------|---------------------------------|--|---|-----------------------------------|----|----------|
| DOCUMENT # L03000033284 | | | |  | | | |
| 1. Entity Name GBP DEVELOPMENT, LLC | | | | | | | |
| Principal Place of Business 3470 CLUB CENTER BLVD. NAPLES, FL 34114-0816 | | | Mailing Address 3470 CLUB CENTER BLVD. NAPLES, FL 34114-0816 | | | | |
| 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 NOT APPLICABLE | | | |
| | | | | Applied For Not Applicable | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| WOODWARD, MARK J C/O WOODWARD, PIRES & LOMBARDO, P.A. 3200 TAMiami TRAIL NORTH, STE. 200 NAPLES, FL 33410 | | | 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 reinstating) _____ DATE _____ | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | GB PENINSULA, LTD | | NAME | | | | |
| STREET ADDRESS | 3470 CLUB CENTER BLVD | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | NAPLES, FL 34114 | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| 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:  | | | 4/14/05 (239) 732-9400 | | | | |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | | | |
| Joseph Livio Parisi | | | | | | | |



01062005 Chg-LLC CR2E083 (10/03)

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04/29/05-80002-020 55.00