

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 15 AM 11:38

DOCUMENT # L03000033284

1. Entity Name  
GBP DEVELOPMENT, LLC



Principal Place of Business  
8156 FIDDLER'S CREEK PARKWAY  
NAPLES, FL 34114

Mailing Address  
8156 FIDDLER'S CREEK PARKWAY  
NAPLES, FL 34114



01172008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, MARK J  
C/O WOODWARD, PIRES & LOMBARDO, P.A.  
3200 TAMiami TRAIL NORTH, STE. 200  
NAPLES, FL 33410

**DO NOT WRITE  
IN THIS SPACE**

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GB PENINSULA, LTD 8156 FIDDLER'S CREEK PARKWAY NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100123544021  
04/15/08--01026--009 \*\*138.75

100123544021  
04/15/08--01026--013 \*\*60.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/14/08

Date

(239) 732-9400

Daytime Phone #

Joseph Livio Parisi, Authorized Representative