


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90345 034 \*\*\*\*\*55.00

<b>DOCUMENT # L03000041136</b> 1. Entity Name <b>PUTTER POINT PLACE, LLC</b>					
Principal Place of Business <b>3200 TAMiami TRAIL NORTH, STE. 200 NAPLES, FL 34103</b>			Mailing Address <b>3200 TAMiami TRAIL NORTH, STE. 200 NAPLES, FL 34103</b>		
2. Principal Place of Business <b>27749 FORESTER DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.			
City & State <b>BAREFOOT BEACH, FL.</b>		City & State			
Zip <b>34134</b>	Country <b>USA</b>	Zip	Country		
6. Name and Address of Current Registered Agent  <b>LADEMAN, CARRIE E 3200 TAMiami TRAIL NORTH, STE. 200 NAPLES, FL 34103</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
[Empty Row]			<b>MGRM</b> <b>Craig T. Palmer</b> <b>27749 Forester Drive</b> <b>Barefoot Beach, FL 34134</b>		
[Empty Row]			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
[Empty Row]			<b>MGRM</b> <b>Alan C. Sauve</b> <b>7873 Coco Bay Drive</b> <b>Naples, FL 34108</b>		
[Empty Row]			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
[Empty Row]			<b>MGRM</b> <b>Jack D. Stuart</b> <b>705-Blankenbaker Drive</b> <b>Louisville, KY 40299</b>		
[Empty Row]			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
[Empty Row]			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
[Empty Row]			<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:</b> <i>Craig T. Palmer</i>			<b>2-11-04 238-495-7999</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

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4. FEI Number <b>56-2410936</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	