

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042850

FILED
Mar 25, 2004
Secretary of State

Entity Name: PRINCETON PLACE, L.L.C.

Current Principal Place of Business:

435 DOCKSIDE DR, #401
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

435 DOCKSIDE DR, #401
NAPLES, FL 34110

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANT, SCOTT M ESQ
SCOTT M. GRANT, P.A.
3337 TAMiami TRAIL N.
NAPLES, FL 341034165 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FOSTER, BRIDGETTE
Address: 435 DOCKSIDE DR, #401
City-St-Zip: NAPLES, FL 34110

Title: MGRM () Delete
Name: FOSTER, EUGENE
Address: 435 DOCKSIDE DR, #401
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

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

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: EUGENE A. FOSTER

MGRM

03/25/2004

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