

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90141 043 ****50.00

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| DOCUMENT # L03000043161 | | | | | |
| 1. Entity Name ES DEVELOPMENT, LLC | | | | | |
| Principal Place of Business 5405 PARK CENTRAL COURT NAPLES, FL 34109 | | | Mailing Address 5405 PARK CENTRAL COURT NAPLES, FL 34109 | | |
| 2. Principal Place of Business 12810 Tamiami Trail N. <small>Suite, Apt. #, etc.</small> | | 3. Mailing Address 12810 Tamiami Trail N. <small>Suite, Apt. #, etc.</small> | | | |
| City & State Naples, FL | | City & State Naples, FL | | 4. FEI Number 20-0391117 | |
| Zip 34110 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROBISON, STEPHEN V 5405 PARK CENTRAL COURT NAPLES, FL 34109 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12810 Tamiami Trail N. City FL Zip Code 34110 | | |
| 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 <u>Stephen V. Robison</u> DATE <u>4-7-04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM Gates McVey Capital Group, LLC 12810 Tamiami Trail N. Naples, FL 34110 | |
| <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 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: <u>Stephen V. Robison</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Date <u>4-7-04</u> Daytime Phone # <u>239-593-3777</u> | | |