


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90074 037 \*\*\*\*50.00

<b>DOCUMENT # L03000043661</b>	
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1. Entity Name  
**ANDANTE DEVELOPMENT, LLC**

Principal Place of Business <b>1414 COUNTY HIGHWAY 283 SOUTH PMB 119 SANTA ROSA BEACH, FL 32459</b>	Mailing Address <b>1414 COUNTY HIGHWAY 283 SOUTH PMB 119 SANTA ROSA BEACH, FL 32459</b>
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082004 Chg-LLC CR2E083 (10/03)

4. FEI Number

**20-0386749**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURKE, M. TODD ESQ  
BURKE, BLUE & HUTCHISON, P.A.  
215 GRAND BLVD, STE. 101  
DESTIN, FL 32550**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 <b>MGR</b>	<input type="checkbox"/> Delete
NAME <b>Patrick K. McCarthy</b>	
STREET ADDRESS <b>1414 Co. Hwy. 283 So, PMB 119</b>	
CITY-ST-ZIP <b>Santa Rosa Beach, FL 32459</b>	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE <b>MGR</b>	<input type="checkbox"/> Delete
NAME <b>Jason B. Sprengle</b>	
STREET ADDRESS <b>1414 Co. Hwy. 283 So., PMB 119</b>	
CITY-ST-ZIP <b>Santa Rosa Beach, FL 32459</b>	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE <b>MGR</b>	<input type="checkbox"/> Delete
NAME <b>Brad Glosson</b>	
STREET ADDRESS <b>4201 Congress St., Suite 240</b>	
CITY-ST-ZIP <b>Charlotte, NC 28209</b>	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:**

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

Date

Daytime Phone #

*Patrick K. McCarthy* Managing Member

1-8-04 850-622-0111