## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 05, 2005 8:00 am Secretary of State **DOCUMENT # L03000045061** 04-05-2005 90007 019 \*\*\*\*50.00 3RD & 3RD DEVELOPMENT CO., LLC Principal Place of Business Mailing Address 544 1ST AVENUE SOUTH **544 1ST AVENUE SOUTH** NAPLES, FL 34102 NAPLES, FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032005 Chg-LLC CB2E083 (10/03) City & State City & State 4. FEI Number Applied For 20-0449584 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOUGHERTY, F. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 544 1ST AVENUE SOUTH NAPLES, FL 34102 City 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) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE □ Delete TITLE Change ☐ Addition NAME STEPHEN J. LOCKWOOD & COMPANY, LLC NAME 9 Atlantic Avenue STREET ADDRESS 27 CONGRESS STREET, SUITE 108 STREET ADDRESS CITY-ST-ZIP **SALEM, MA 01970** CITY-ST-ZIP Marblehead, MA 01945 MGR TITLE ☐ Delete TITLE ☐ Change Addition DOUGHERTY, F. MICHAEL NAME NAME **544 1ST AVENUE SOUTH** STREET ADDRESS STREET ADDRESS NAPLES, FL 34102 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITI F ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITL F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P 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.

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**