

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90078 030 \*\*\*\*50.00

**DOCUMENT # L03000050913**

**1. Entity Name**

**DEVELOPMENT CAPE CORAL, III, L.L.C.**



**Principal Place of Business**

**999 CAXAMBAS DRIVE  
MARCO ISLAND FL 34145**

**Mailing Address**

**999 CAXAMBAS DRIVE  
MARCO ISLAND FL 34145**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

MOORE

CR2E083 (11/03)



**6. Name and Address of Current Registered Agent**

**HENDRY, HARRY O  
2242 MAIN STREET  
FORT MYERS FL 33901**

**7. Name and Address of New Registered Agent**

Name

**Lynne W. Washburn**

Street Address (P.O. Box Number is Not Acceptable)

**999 Caxambas Drive**

City

**Marco Island**

**FL**

Zip Code

**34145**

**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**

*Lynne W. Washburn*

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**4/26/04**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** MGRM ☐ Delete  
**NAME** WASHBURN, LYNNE W TRUSTEE  
**STREET ADDRESS** 999 CAXAMBAS DRIVE  
**CITY-ST-ZIP** MARCO ISLAND FL 34145

**TITLE** MGRM ☐ Delete  
**NAME** FLAHERTY, PATRICK  
**STREET ADDRESS** 999 CAXAMBAS DRIVE  
**CITY-ST-ZIP** MARCO ISLAND FL 34145

**TITLE** MGRM ☐ Delete  
**NAME** CASE, MICHAEL W  
**STREET ADDRESS** 999 CAXAMBAS DRIVE  
**CITY-ST-ZIP** MARCO ISLAND FL 34145

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**10. ADDITIONS/CHANGES**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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:**

*Lynne W. Washburn*

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

**4/26/04 239-289-4695**

Date

Daytime Phone #