2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

7/14

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-14-2004 90061 024 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000051977

1. Entity Name

CALOOSA RIDGE, LLC

Principal Place of Business	Mailing Address
1560 MATTHEW DRIVE, SUITE H FT. MYERS FL 33907	1560 MATTHEW DRIVE, SUITE H FT. MYERS FL 33907

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0484734 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BRETT, JAY A
2121 WEST FIRST STREET
FT. MYERS FL 33907

7. Name and Address of New Registered Agent

Name: Bruce Bartholomew

Street Address (P.O. Box Number is Not Acceptable): 1560 Matthew Drive, Ste. H

City: Fort Myers FL Zip Code: 33907

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: Bruce Bartholomew DATE 7-1-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Bruce Bartholomew 1560 Matthew Drive, Ste. H Fort Myers, Florida 33907	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: 7-1-04 (239) 936-0144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #