
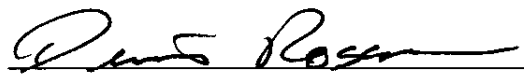


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90296 014 \*\*\*\*50.00

<b>DOCUMENT # L03000056458</b> 1. Entity Name <b>DEVELOPMENT CAPE CORAL, L.L.C.</b>					
Principal Place of Business <b>999 CAXAMBAS DRIVE MARCO ISLAND, FL 34145</b>				Mailing Address <b>999 CAXAMBAS DRIVE MARCO ISLAND, FL 34145</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02112004    Chg-LLC    CR2E083 (10/03)	
4. FEI Number <b>58-2680660</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HENDRY, HARRY O 2242 MAIN STREET FT. MYERS, FL 33901</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHBURN, LYNNE W TRUSTEE			NAME	
STREET ADDRESS	999 CAXAMBAS DRIVE			STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAHARTY, PATRICK			NAME	
STREET ADDRESS	999 CAXAMBAS DRIVE			STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSMAN, DENNIS			NAME	
STREET ADDRESS	999 CAXAMBAS DRIVE			STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASE, MICHAEL W			NAME	
STREET ADDRESS	999 CAXAMBAS DRIVE			STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					