

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90035 032 \*\*\*\*50.00

**DOCUMENT # L04000005018**

1. Entity Name  
**DESOTO PLANTATION, LLC**



Principal Place of Business  
**1880 N. BAHAMA AVENUE  
MARCO ISLAND, FL 34145**

Mailing Address  
**1880 N. BAHAMA AVENUE  
MARCO ISLAND, FL 34145**

**20019676**

2. Principal Place of Business  
**4770 Alberton Court,**

3. Mailing Address  
**4770 Alberton Court,**

Suite, Apt. #, etc.  
**#2602**

Suite, Apt. #, etc.  
**#2602**

02232005 Chg-LLC CR2E083 (10/03)

City & State  
**Naples, FL**

City & State  
**Naples, FL**

4. FEI Number  
**20-0625360**

Applied For  
☐ Not Applicable

Zip  
**34105**

Country  
**U.S.A.**

Zip  
**34105**

Country  
**U.S.A.**

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

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

**NOVATT, JEFF M ESQ.  
C/O CHEFFY, PASSIDOMO, ET AL  
825 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES, FL 34102**

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

Name  
**Bateman, Arthur L.**

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

**4770 Alberton Court, #2602**

City  
**Naples**

FL

Zip Code  
**34105**

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 *Arthur L. Bateman, President* **Arthur L. Bateman, President** **3-2-05**  
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, 2005**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RYAN, JOSEPH  
1880 N. BAHAMA AVENUE  
MARCO ISLAND, FL 34145** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BATEMAN, ARTHUR L  
4770 ALBERTSON COURT, SUITE 2602  
NAPLES, FL 34105** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

☐ Change ☐ Addition

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

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

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 *Arthur L. Bateman, President* **Arthur L. Bateman, Pres.** **3-2-05** **439 430-1012**  
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #