

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014081

FILED
Jan 06, 2005
Secretary of State

Entity Name: BRISA DEL PLAYA DEVELOPMENT, LLC

Current Principal Place of Business:

1346 CANTERBURY DRIVE
FT. MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

1346 CANTERBURY DRIVE
FT. MYERS, FL 33901

New Mailing Address:

FEI Number: 20-0848252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STIPE, HARVIE G
1346 CANTERBURY DRIVE
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: STIPE, HARVIE G
Address: 1346 CANTERBURY DRIVE
City-St-Zip: FT. MYERS, FL 33901 US

Title: MGR () Delete
Name: STIPE, JAY G
Address: 4411 CLEAR AVENUE
City-St-Zip: TAMPA, FL 33629 US

Title: MGR () Delete
Name: PREVATTE, KELLY S
Address: 1919 CANYON ROAD
City-St-Zip: VESTAVIA HILLS, AL 35216 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: JUNKINS, KELLY S
Address: 1919 CANYON ROAD
City-St-Zip: VESTAVIA HILLS, AL 35216 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAY STIPE

MGR

01/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date