

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045831

**FILED**  
**Apr 28, 2005**  
**Secretary of State**

**Entity Name:** RAPENBURCH/GROSSE POINTE/BOUWFONDS, LLC

**Current Principal Place of Business:**

15065 MCGREGOR BOULEVARD, SUITE 108  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

15065 MCGREGOR BOULEVARD, SUITE 108  
FORT MYERS, FL 33908

**New Mailing Address:**

FEI Number: 56-2465529

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HENSLEY, ROBERT D  
15065 MCGREGOR BOULEVARD, SUITE 108  
FORT MYERS, FL 33908 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: RAPENBURCH FLORIDA I, NC.  
Address: 200 LAURA ST.  
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGRM ( ) Change (X) Addition  
Name: GROSSE POINTE DEVELOPMENT CO.  
Address: 15065 MCGREGOR BLVD STE 108  
City-St-Zip: FORT MYERS, FL 33908

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: ROBERT D. HENSLEY

MGRM

04/28/2005

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