

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90024 047 \*\*\*\*50.00

<b>DOCUMENT # L04000046025</b>																													
<b>1. Entity Name</b> PALMFLOWER DEVELOPMENT, LLC																													
<b>Principal Place of Business</b> 2121 WEST FIRST STREET FORT MYERS, FL 33901			<b>Mailing Address</b> 2121 WEST FIRST STREET FORT MYERS, FL 33901																										
<b>2. Principal Place of Business</b> 2963 Wulfert Rd. Suite, Apt. #, etc.			<b>3. Mailing Address</b> 2963 Wulfert Rd. Suite, Apt. #, etc.																										
<b>City &amp; State</b> Sanibel, FL Zip 33957 Country USA		<b>City &amp; State</b> Sanibel, FL Zip 33957 Country USA		<b>4. FEI Number</b> 01202005 Chg-LLC CR2E083 (10/03)																									
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required																													
<b>6. Name and Address of Current Registered Agent</b> KINSEY, D. HUGH JR 2121 WEST FIRST STREET FORT MYERS, FL 33901			<b>7. Name and Address of New Registered Agent</b> Name: Sheridan F. Snell Street Address (P.O. Box Number is Not Acceptable): 2963 Wulfert Rd. City: Sanibel, FL Zip Code: 33957																										
<b>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.</b> SIGNATURE: <u>Sheridan F. Snell</u> DATE: <u>4/3/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																											
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>																										
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<b>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>																													
<b>SIGNATURE:</b> <u>Sheridan F. Snell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <u>4/3/05</u> Daytime Phone #: <u>239-472-2026</u>																									