


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90796 035 \*\*\*\*50.00

<b>DOCUMENT #</b> L04000053900	
<b>1. Entity Name</b> SACKLEY DEVELOPMENT GROUP LLC	

<b>Principal Place of Business</b> 26100 RED OAK COURT BONITA SPRINGS, FL 34134 US	<b>Mailing Address</b> 26100 RED OAK COURT BONITA SPRINGS, FL 34134 US
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<b>2. Principal Place of Business</b> 2510 BEACON CREST Suite, Apt. #, etc.	<b>3. Mailing Address</b> SACKLEY DEVELOPMENT GR PO Box 260277 Suite, Apt. #, etc.
<b>City &amp; State</b> PLANO, TEXAS 75093	<b>City &amp; State</b> PLANO, TEXAS
<b>Zip</b> Country USA	<b>Zip</b> Country 75026 USA

03142005 Chg-LLC CR2E083 (10/03)

**4. FEI Number**  
20-1463767

Applied For  
Not Applicable

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

<b>6. Name and Address of Current Registered Agent</b> VAN VOOREN, ROBERT A 26100 RED OAK COURT BONITA SPRINGS, FL
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<b>7. Name and Address of New Registered Agent</b> Name: ROBERT ALAN BORGER Street Address (P.O. Box Number is Not Acceptable): 405 OVERBROOK DRIVE City: BELLEAIR FL Zip Code: 33756
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**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** x *Robert Alan Borger*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE x 3/15/05

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHARLES, SACKLEY 2510 BEACON CREST PLANO, TX 75093 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** x *Robert Alan Borger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

x 3/15/05 x 727-4880913

Date

Daytime Phone #