

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90065 050 \*\*\*\*50.00

<b>DOCUMENT # L04000055966</b> 1. Entity Name <b>PASEO REALTY, LLC</b>			
Principal Place of Business <b>4501 TAMiami TRAIL N. # 300 NAPLES, FL 34103 US</b>		Mailing Address <b>4501 TAMiami TRAIL N. # 300 NAPLES, FL 34103 US</b>	
2. Principal Place of Business <b>9011 Daniels PKWY</b> Suite, Apt. #, etc.		3. Mailing Address <b>9011 Daniel's PKWY</b> Suite, Apt. #, etc.	
City & State <b>Fort Myers, FL</b> Zip <b>33912</b>		City & State <b>Fort Myers, FL</b> Zip <b>33912</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>80-0117689</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GRIDER, CRAIG D 4001 TAMiami TRAIL N. # 300 NAPLES, FL 34103</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE	MGR	TITLE	
NAME	STOCK DEVELOPMENT, LLC <input checked="" type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4501 TAMiami TRAIL N. # 300	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	<b>MGR</b>
STREET ADDRESS		STREET ADDRESS	<b>Brian Stock</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>4501 Tamiami Trail North, Suite 300</b>
TITLE		TITLE	<b>Naples, FL 34103</b>
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<b>Jill Rogers</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>4501 Tamiami Trail North</b>
TITLE		TITLE	<b>Naples, FL 34103</b>
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<b>Brad Black</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>4501 Tamiami Trail North</b>
TITLE		TITLE	<b>Naples, FL 34103</b>
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <b>Brian Stock</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <b>4-20-05</b> Daytime Phone #: <b>239 592 7344</b>	