

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082834

FILED  
Jan 31, 2005  
Secretary of State

Entity Name: BOCA BAY DEVELOPMENT GROUP, LLC

## Current Principal Place of Business:

4720 S. E. 15TH AVENUE  
CAPE CORAL, FL 33904 US

## New Principal Place of Business:

4720 S. E. 15TH AVENUE  
STE 219  
CAPE CORAL, FL 33904 US

## Current Mailing Address:

4720 S. E. 15TH AVENUE  
CAPE CORAL, FL 33904 US

## New Mailing Address:

4720 S. E. 15TH AVENUE  
STE 219  
CAPE CORAL, FL 33904 US

FEI Number: 56-2490903

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOODARD, RICHARD  
4720 S. E. 15TH AVENUE  
CAPE CORAL, FL 33904 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: MGRM ( ) Delete  
Name: WOODARD, RICHARD  
Address: 4720 S. E. 15TH AVENUE  
City-St-Zip: CAPE CORAL, FL 33904 US

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

## ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition  
Name: HOLTZ, KRISTINE L  
Address: 3241 EAGLE PASS ST  
City-St-Zip: NORTH PORT, FL 34286

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: KRISTINE HOLTZ

MGR

01/31/2005

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