


**FILE NOW: Fee after May 1, will be \$588.75**

|  |   |   |
|--|---|---|
| LIMITED LIABILITY COMPANY<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**FILED**

**97 MAY 15 PM 12:16**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**FILING FEE**  
\$ 203.75  
Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT #L96000000279**

**OSTEGO DEVELOPMENT COMPANY, L.C.  
1661 ESTERO BOULEVARD  
SUITE 22  
FORT MYERS BEACH FL 33931**

1a. Principal Place of Business Address

**1661 ESTERO BOULEVARD  
SUITE 22  
FORT MYERS BEACH FL 33931**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

|                                |  |                     |  |                                |   |
|--------------------------------|--|---------------------|--|--------------------------------|---|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Organized or Qualified | 3a. State of Formation  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 03/12/1996                     | FL  |
| City & State                   |  | City & State        |  | 4. FBI Number                  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable               |
| Zip                            |  | Country             |  | 65-0751820                     |   |
|                                |  |                     |  | 5. Date of Last Report         | 6. Certificate of Status Desired<br><input type="checkbox"/> Subj. to Additional Fee Required |

7. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 22234**

8. Name and Address of New Registered Agent

Name

**LAWRENCE L. PEARCE**

Street Address (P.O. Box Number is Not Acceptable)

**372 Leneil Rd.**

Suite, Apt. #, etc.

City

**Ft. Myers Beach FL**

Zip Code

**33931**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

*Lawrence L. Pearce*

DATE

**April 23, 1997**

| 10. Title | Managing Members/Managers | Business Street Address    | City, State and Zip Code   |
|-----------|---------------------------|----------------------------|--|
| MGR       | PEARCE, LAWRENCE L        | 1661 ESTERO BOULEVARD, SUI | FORT MYERS BEACH FL  |
|           |                           |                            | 700002184627--7<br>-05/20/97--01029--015<br>****203.75 ****203.75<br><br>DB5-19-97 |

11. I do 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 annual 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 606, Florida Statutes; and that my name appears in Block 10, on an attachment with an address.

SIGNATURE:

*Lawrence L. Pearce*

**April 23, 1997**

**941 4638783**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #