

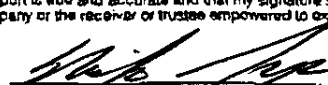
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JOHN LUSTIG

FILED
May 13, 2004 8:00 am
Secretary of State

04-20-2004 90185 047 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L98000002926			
1. Entity Name ARNOLD DEVELOPMENT OF SOUTHWEST FLORIDA, L.C.			
Principal Place of Business 1100 COMMERCIAL BLVD., SUITE 118 NAPLES, FL 34104		Mailing Address 1100 COMMERCIAL BLVD., SUITE 118 NAPLES, FL 34104	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent JEPPSEN, MICHAEL W 3073 HORSESHOE DR S #118 NAPLES, FL 34104		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 agents.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when renewing)			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WRIGHT, ANTHONY J 1100 COMMERCIAL BLVD., SUITE 118 NAPLES, FL 34104 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3073 HORSESHOE DR #118 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JEPPSEN, MICHAEL W 1100 COMMERCIAL BLVD., SUITE 118 NAPLES, FL 34104 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3073 HORSESHOE DR #118 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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: 		Date: 5/10/04 (239) 263-8269	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

34006057



04152004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0883181 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5,000 Additional Fee Required