2001 UNIFORM BUSINESS REPORT (UBR)

	OHIFORIN BO	JINESS REF	<u> </u>	(Opn)	_				
DOCUMENT # L9900000009 1. Entity Name GILES DEVELOPMENT, L.L.C.						FILED			
					}	OLCCDIL AM	0:1.5		
Principal Place of Business Mailing Address						OIFEBI4 AM 9:45			
2405 PIPER BOULEVARD 2405 PIPER BOULEVARD						SECRETARY OF	STATE		
NAPLES FL 34110 NAPLES FL 34110					SECRETARY OF STATE TALLIAHASSEE FLORIDA				
							50 13 10 181 0 18 11		
	Place of Business	3. Mailing Address							
1.025 CA		5 CARLTON LAKES BLUD			4				
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Stat	е	City & State	City & State			4. FEI Number 65-0887171 Applied For Not Applicable			
Zip	Country	Zip	Count	try	5. Certi	ficate of Status Desired	\$5.00 Ad	ditional	1
	6. Name and Address of Curre	ent Registered Agent	<u>. </u>		7. Nam	and Address of New Registere	Fee Require	30	$\left\{ \right.$
			÷ .	Name		3		•	1
STERLING, JACK 2405 PIPER BOULEVARD				Street Address	et Address (P.O. Box Number is Not Acceptable)				
NAPLES					ALLTO	J LAKES BLUD			1
				City		F	Zip Coo	le	
8. The above	named entity submits this statemen	t for the purpose of changing it	ts registere	ed office or regist	ered agent,	or both, in the State of Florida.			1
SIGNATURE .	Signature, typed or printed name of registered ag	gent and title if applicable. (NO	OTE: Registered	Agent signature requi	red when reinstati	ng) DATE			ĺ
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		Make Check P		FEE IS \$50.00 Department			-01097 Й ****	-007 K50.00	
9.	MANAGING ME	MBERS/MEMBERS Delete	10. TITLE	<u> </u>		ADDITIONS/CHANG	ES Change	Addition	Ę
NAME	CLAUSSEN, ROBERT G	, LJ Delete	, NAME				- •	☐ Addition	(11)
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11. I hereby c	certify that the information supplied	with this filling does not qualify for	or the exer	nption stated in S	Section 119.0	07(3)(i), Florida Statutes. I further of	ertify that the	nformation	
indicated	on this report is true and accurate a bility company or the receiver or tru	and that my signature shall have	e the same	legal effect as if	made under	oath; that I am a managing mem	ber or manage	er of the	
	(2)	.AD	inthus a comment			. 1:- 1			
SIGNAT		Wareni (M)		ž		1/17/01 941-	596-90	67 9	
	SIGNATURE AND TYPED OR PRINTED NAM	IE OF SIGNING MANAGING MEMBER, MA	ANAGER, OR	AUTHORIZED REPRE	SENTATIVE	Date	Daytime Phone #	U	