


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000000009</b> 1. Entity Name <b>GILES DEVELOPMENT, L.L.C.</b>	
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Principal Place of Business <b>6704 LONE OAK BLVD. NAPLES, FL 34109 US</b>	Mailing Address <b>6704 LONE OAK BLVD. NAPLES, FL 34109 US</b>
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**DO NOT WRITE IN THIS SPACE**



01192006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**65-0887171**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**STERLING, JACK  
6704 LONE OAK BLVD  
NAPLES, FL 34109**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

000000410612  
02/09/06-80043-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CLAUSSEN, ROBERT G 6704 LONE OAK BLVD. NAPLES, FL 34109</b>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **1/26/06 239 5969007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #