

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90071 016 *****50.00

DOCUMENT # L99000002275

1. Entity Name
FLORIDA DEVELOPMENT PARTNERS, L.C.



Principal Place of Business

**5692 STRAND COURT
STE 1
NAPLES, FL 34110**

Mailing Address

**5692 STRAND COURT
STE 1
NAPLES, FL 34110**

24060700



2. Principal Place of Business

4501 Tamiami Tr

Suite, Apt. #, etc.

Suite 300

City & State

Naples FL

Zip

34103

Country

3. Mailing Address

4501 Tamiami Tr

Suite, Apt. #, etc.

Suite 300

City & State

Naples FL

Zip

34103

Country

04252004 Chg-LLC CR2E083 (10/03)

4. FEI Number

65-0956711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COLEMAN, KEVIN G ESQ.
GOODLETTE COLEMAN & JOHNSON, P.A.
4001 TAMIAAMI TRAIL N., SUITE 300
NAPLES, FL 34103**

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 agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
NAME **STOCK DEVELOPMENT, L.L.C.**
STREET ADDRESS **5692 STRAND COURT, STE 1**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **P** ☐ Delete
NAME **STOCK, BRIAN K**
STREET ADDRESS **5692 STRAND COURT, STE 1**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **VP** ☐ Delete
NAME **STOCK, K.C.**
STREET ADDRESS **5692 STRAND COURT**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **VP** ☐ Delete
NAME **BLACK, BRAD**
STREET ADDRESS **5692 STRAND COURT**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4501 Tamiami Tr, Suite 300**
CITY-ST-ZIP **Naples, FL 34103**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **4501 Tamiami Tr, Suite 300**
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. I 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 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:

Susan Pankratz
Susan Pankratz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-28-04

Date

239-592-7344

Daytime Phone #