


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90065 020 ****50.00

14011831

DOCUMENT # L99000002275 1. Entity Name FLORIDA DEVELOPMENT PARTNERS, L.C.					
Principal Place of Business 4501 TAMiami TR STE 300 NAPLES, FL 34103			Mailing Address 4501 TAMiami TR STE 300 NAPLES, FL 34103		
2. Principal Place of Business <i>4501 Tamiami Trail North Suite 300</i> Suite, Apt. #, etc. <i>Suite 300</i> City & State <i>Naples, FL</i> Zip <i>34103</i> Country <i>USA</i>		3. Mailing Address <i>4501 Tamiami Trail North Suite 300</i> Suite, Apt. #, etc. <i>Suite 300</i> City & State <i>Naples, FL</i> Zip <i>34103</i> Country <i>USA</i>		04192005 Chg-LLC CR2E083 (10/03) 4. FEI Number 65-0956711 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent COLEMAN, KEVIN G ESQ. GOODLETTE COLEMAN & JOHNSON, P.A. 4001 TAMiami 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STOCK DEVELOPMENT, L.L.C. 4501 TAMiami TR, STE 300 NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MG RM</i> <i>Stock Development L.L.C.</i> <i>4501 Tamiami Trail North, Suite 300</i> <i>Naples, FL 34103</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOCK, BRIAN K 4501 TAMiami TR, STE 300 NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Stock, Brian K</i> <i>4501 Tamiami Trail North, Suite 300</i> <i>Naples, FL 34103</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STOCK, K.C. 4501 TAMiami TR, STE 300 NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLACK, BRAD 4501 TAMiami TR, STE 300 NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP</i> <i>Black, Brad</i> <i>4501 Tamiami Trail North, Suite 300</i> <i>Naples, FL 34103</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Brian Stock</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4.20.05 239 592 7344 Date Daytime Phone #		