

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000002345

FILED  
Apr 29, 2003  
Secretary of State

**Entity Name:** ST. CROIX DEVELOPMENT OF NAPLES, L.L.C.

**Current Principal Place of Business:**

7995-B PRESERVE CIRCLE  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

7995-B PRESERVE CIRCLE  
NAPLES, FL 34119

**New Mailing Address:**

**FEI Number:** 65-0924268

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CONROY, J. THOMAS III  
2640 GOLDENGATE PKWY STE 115  
NAPLES, FL 34105 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGRM ( ) Delete  
**Name:** POTESIO, FRANK P JR.  
**Address:** 1120 GALLEON DR.  
**City-St-Zip:** NAPLES, FL 34102

**Title:** MGRM ( ) Delete  
**Name:** FINKELSTEIN, EDWARD S  
**Address:** 17842 ARGYLL TERRACE  
**City-St-Zip:** BOCA RATON, FL 33490

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** POTESIO, FRANK P JR.  
**Address:** 7995B PRESERVE CIRCLE  
**City-St-Zip:** NAPLES, FL 34119

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** FRANK P. POTESIO, JR.

MGRM

04/29/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date