

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90093 007 ****50.00

DOCUMENT # L99000002975

1. Entity Name
CCMS DEVELOPMENT, L.L.C.



Principal Place of Business
6025 CARLTON LAKE BLVD
NAPLES, FL 34110

Mailing Address
6025 CARLTON LAKE BLVD
NAPLES, FL 34110

2. Principal Place of Business

3. Mailing Address

6704 Lone Oak Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

Naples, FL

4. FEI Number

59-3574501

Applied For

Not Applicable

Zip

Country

Zip

34109

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STERLING, JACK
6025 CARLTON LAKES BLVD
NAPLES, FL 34110

Name

Street Address (P.O. Box Number is Not Acceptable)

6704 Lone Oak Blvd

City

NAPLES

FL

Zip Code

34109

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 September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
CLAUSSEN, ROBERT G
6025 CARLTON LAKES BLVD
NAPLES, FL 34110

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

Robert G. Claussen, Manager Robert Claussen

Date

Daytime Phone #

7/6/04

238-586-7067