2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Jan 28, 2004 08:00 AM DOCUMENT # L99000003269 **Secretary of State** 1. Entity Name LANDGROVE ASSOCIAGES, L.L.C. Principal Place of Business Mailing Address 730 GOODLETTE RD NORTH NAPLES FL 34102 4081 TAMIAMI TRAIL NORTH STE C-201 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) City & State City & State 4. FEI Number Applied For 59-3575986 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LYNCH, DENNIS J Street Address (P.O. Box Number is Not Acceptable) 4081 TÁMIAMI TRAIL NORTH STE C-201 NAPLES FL 34103 City 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 reinstaling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR Delete TETLE noitibba 🗔 ☐ Change U00000016291 NAME LYNCH, DENNIS J NAME STREET ADDRESS 01/28/04-80048-024 50.80 STREET ADDRESS 4081 TAMIAMI TRAIL NO STE C-201 CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP TITLE ☐ Delete THILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP GHY-ST-ZIP RITLE Delete RELE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CHY-ST-ZIP TELLE T373 F Delete Change . Addition SHAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RITLE ☐ Delete TRELE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP 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 Acciver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Dennis J. Sypoth. Dernis Jyrch (12/04)
PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED