

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000003494

1. Entity Name
WESTERN/SOUTHERN DEVELOPERS, LLC



Principal Place of Business
**1030 SE 17TH ST
OCALA, FL 34471**

Mailing Address
**P.O. BOX 830220
OCALA, FL 34483**



03182004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0935726

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TROW, CHESTER J
1 NE FIRST AVENUE, SUITE 303
OCALA, FL 34470**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

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

DATE
03/31/04-80018-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBRIGHT, ROBERT C 1030 SE 17TH STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCLAUGHLIN, BEN G 3019 SW 27TH AVENUE, SUITE 102 OCALA, FL 34474
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.

SIGNATURE:

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

DATE **3-24-04** Daytime Phone # **352-620-8005**