

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90140 021 \*\*\*\*50.00

<b>DOCUMENT # L99000008739</b> 1. Entity Name <b>GATES MCVEY CAPITAL GROUP, L.L.C.</b>					
Principal Place of Business <b>5405 PARK CENTRAL COURT NAPLES, FL 34109</b>			Mailing Address <b>5405 PARK CENTRAL COURT NAPLES, FL 34109</b>		
2. Principal Place of Business <b>12810 Tamiami Trail N.</b> Suite, Apt. #, etc.		3. Mailing Address <b>12810 Tamiami Trail N.</b> Suite, Apt. #, etc.			
City & State <b>Naples, FL</b> Zip <b>34110</b>		City & State <b>Naples, FL</b> Zip <b>34110</b>		4. FEI Number <b>59-3612718</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CAUDILL, JAMES F 2640 GOLDEN GATE PKWY. SUITE #115 NAPLES, FL 34105</b>				7. Name and Address of New Registered Agent Name <b>Stephen V. Robison</b> Street Address (P.O. Box Number is Not Acceptable) <b>12810 Tamiami Trail N.</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34110</b>	
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 <u><i>Stephen V. Robison</i></u> <b>Stephen V. Robison</b> <b>4-7-04</b> DATE					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBISON, STEPHEN V 2003 DUKE DRIVE NAPLES, FL 34110	<input 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	MGRM GATES, TODD E <del>5405 PARK CENTRAL COURT</del> <del>NAPLES, FL 34109</del>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12810 Tamiami Trail N.</b> <b>Naples, FL 34110</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCVEY, JAMES L <del>5405 PARK CENTRAL COURT</del> <del>NAPLES, FL 34109</del>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12810 Tamiami Trail N.</b> <b>NAPLES, FL 34110</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input 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	<input type="checkbox"/> Delete	<input 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	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		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: <u><i>Stephen V. Robison</i></u> <b>Stephen V. Robison</b> <b>4-7-04</b> <b>239-543-3777</b>					