

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001029

FILED
Jul 07, 2004
Secretary of State

Entity Name: QUAIL WOODS ESTATES DEVELOPMENT INVESTMENT, L.L.C.

Current Principal Place of Business:

4500 COURT WAY
NAPLES, FL 34109

New Principal Place of Business:

3403 ANGUILLA WAY
NAPLES, FL 34119

Current Mailing Address:

4500 COURT WAY
NAPLES, FL 34109

New Mailing Address:

3403 ANGUILLA WAY
NAPLES, FL 34119

FEI Number: 59-3629292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUTTENPLAN, ELLIOT P
11983 TAMIAMI TRAIL, NORTH, SUITE 156
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

GUTTENPLAN, ELLIOT P
3403 ANGUILLA WAY
NAPLES, FL 34119 US

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: ELLIOT P GUTTENPLAN

07/07/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GUTTENPLAN, ELLIOT
Address: 4500 COURT WAY
City-St-Zip: NAPLES, FL 34109

Title: PRTN (X) Delete
Name: GOLO, STEVEN
Address: 2008 WINCHESTER RD.
City-St-Zip: LYNDHURST, OH 44124

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GUTTENPLAN, ELLIOT
Address: 3403 ANGUILLA WAY
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: ELLIOT P GUTTENPLAN

MGR

07/07/2004

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