

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90027 041 \*\*\*\*55.00

**DOCUMENT # M01000001382**

1. Entity Name

**CALOOSA PROPERTIES DEVELOPMENT CO., LLC**



Principal Place of Business

**1661 WORCESTER RD., STE 303  
FRAMINGHAM MA 01701**

Mailing Address

**1661 WORCESTER RD., STE 303  
FRAMINGHAM MA 01701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **04-3563445**

Applied For

Not Applicable

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

**HOOPER, JAMES W  
9818 RED REEF COURT  
FT MYERS FL 33919**

Name

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

City

**FL**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>MGRM</b>			
	<b>BLAIS JR, JOHN F</b>			
	<b>1661 WORCESTER RD, STE 303</b>			
	<b>FRAMINGHAM MA</b>			
	<b>MGR</b>			
	<b>HOOPER, JAMES W</b>			
	<b>9818 RED REEF COURT</b>			
	<b>FT MYERS FL</b>			

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:**

**JAMES W HOOPER**

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**1-28-03 334-481-6906**

CR2E083 (10/02)