

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 25, 2004 8:00 am
Secretary of State

05-03-2004 90147 042 ****50.00

DOCUMENT # M03000001164 1. Entity Name CAPTIVA VILLAS DEVELOPMENT LLC					
Principal Place of Business 45 WEST PROSPECT AVENUE SUITE 1500, GUILDHALL BLDG. CLEVELAND OH 44115			Mailing Address 45 WEST PROSPECT AVENUE SUITE 1500, GUILDHALL BLDG. CLEVELAND OH 44115		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELLBOY, INC. 45 WEST PROSPECT AVENUE CLEVELAND OH 44115 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>Andrew C. Alexander</u> SECRETARY <u>04/22/2004</u> <u>(216) 430-1202</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small>					

34007443



MOORE CR2E083 (11/03)

4. FEI Number APPLIED FOR Applied For ☐ Not Applicable ☐

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