


**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90539 035 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L00000008519</b>			
1. Entity Name SANIBEL ONE, L.L.C.			
Principal Place of Business 1633 PERWINKLE WAY, SUITE G SANIBEL, FL 33957		Mailing Address 1633 PERWINKLE WAY, SUITE G SANIBEL, FL 33957	
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 65-1023923		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
-ROGUSKA, BRENDA R. 15031 PUNTA RASSA RD., #204 FT. MYERS, FL 33908		Name Street Address (P.O. Box Number is Not Acceptable) <b>12498 RIVERSIDE DRIVE #204</b> City <b>FORT MYERS</b> FL Zip Code <b>33919</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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMGR BUCKLEY, BRENT M 927 ALMAS CT SANIBEL, FL 33957 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ROGUSKA, BRENDA R 15031 PUNTA RASSA RD #204 FT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12498 RIVERSIDE DRIVE #204</b> <b>FORT MYERS FL 33919</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	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	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	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)(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: <u>Brenda R. Roguska</u>		Date: <u>3/16/05</u> <u>239-395-2610</u>	

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