


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

03-24-2003 90686 004 ****50.00

DOCUMENT # L02000014103					
1. Entity Name FMB PROPERTY DEVELOPMENT I, LLC					
Principal Place of Business 14551 HICKORY HILL COURT. UNIT 114 FORT MYERS FL 33912			Mailing Address 14551 HICKORY HILL COURT. UNIT 114 FORT MYERS FL 33912		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 043685942	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Country		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NICHOLS, JAMES LARRY 8191 COLLEGE PARKWAY, #204 FORT 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Don M. Lowenstine 14551 Hickory Hill Ct 114 Fort Myers, FL 33912		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	Managing Member <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Don M. Lowenstine	NAME			
STREET ADDRESS	14551 Hickory Hill Ct 114	STREET ADDRESS			
CITY-ST-ZIP	Fort Myers, FL 33912	CITY-ST-ZIP			
TITLE	Managing Member <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Salvatore Italiano	NAME			
STREET ADDRESS	1710 W. Kennedy Blvd.	STREET ADDRESS			
CITY-ST-ZIP	Tampa, FL 33606	CITY-ST-ZIP			
TITLE	Secretary/Treasurer <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Don M. Lowenstine	NAME			
STREET ADDRESS	14551 Hickory Hill 114	STREET ADDRESS			
CITY-ST-ZIP	Fort Myers, FL 33912	CITY-ST-ZIP			
TITLE		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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>SIGNATURE REQUIRED</u>				Date: <u>3-20-03</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	

CR2003 (10/02)