

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017388

FILED  
Apr 03, 2008  
Secretary of State

Entity Name: THURMAN PROPERTY LLC

**Current Principal Place of Business:**

8000 HEALTH CENTER BLVD  
SUITE 300  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

8000 HEALTH CENTER BLVD  
SUITE 300  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLASP INC.  
8000 HEALTH CENTER BLVD  
SUITE 300  
BONITA SPRINGS, FL 34135 US

**Name and Address of New Registered Agent:**

CLASP INC.  
3001 TAMIAMI TRAIL NORTH  
SUITE 400  
NAPLES, FL 34103 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: JOEL SCHECHTER, VICE PRESIDENT

04/03/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHULTZ, DOROTHY M  
Address: 8000 HEALTH CENTER BLVD SUITE 300  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DOROTHY M SCHULTZ

MGRM

04/03/2008

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