


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90492 023 \*\*\*\*50.00

<b>DOCUMENT # L03000033526</b>							
1. Entity Name HBK FORT MYERS REALTY LLC							
Principal Place of Business 7680 MARKET STREET YOUNGSTOWN, OH 44512			Mailing Address 7680 MARKET STREET YOUNGSTOWN, OH 44512				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 86-1080721			
Zip	Country	Zip	Country	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				
HOLES, BARRY-F 3777 TAMAMIAMI TRAIL NORTH #200 NAPLES, FL 34103			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 _____ 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, 2004			Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			
NAME		NAME	MGRM STEVE JACKSON				
STREET ADDRESS		STREET ADDRESS	7680 MARKET STREET				
CITY-ST-ZIP		CITY-ST-ZIP	BOARDMAN, OHIO 44512				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			
NAME		NAME	MGRM DAVE DOWNIE				
STREET ADDRESS		STREET ADDRESS	7680 MARKET STREET				
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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: <i>[Signature]</i>			Date: 3/29/04		Daytime Phone #: 330-758-8013		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							

34003661



03292004 Chg-LLC CR2E083 (10/03)

Applied For Not Applicable

86-1080721

FL Zip Code

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

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10. ADDITIONS/CHANGES

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SIGNATURE: *[Signature]* Date: 3/29/04 Daytime Phone #: 330-758-8013

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