

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053395

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: FAMEDUFUND,LLC

**Current Principal Place of Business:**

3715 LIBERTY SQUARE  
FORT MYERS, FL 33908

**New Principal Place of Business:**

PO BOX 07132  
FORT MYERS, FL 33919

**Current Mailing Address:**

3715 LIBERTY SQUARE  
FORT MYERS, FL 33908

**New Mailing Address:**

PO BOX 07132  
FORT MYERS, FL 33919

FEI Number: 72-1584521

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCANLAN, ERIC B  
3715 LIBERTY SQUARE  
FORT MYERS, FL 33908 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGMR ( ) Delete  
Name: SCANLAN, ERIC B  
Address: 3715 LIBERTY SQUARE  
City-St-Zip: FORT MYERS, FL 33908

Title: MGMR ( ) Delete  
Name: SCANLAN, VERONIQUE  
Address: 3715 LIBERTY SQUARE  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SCANLAN, ERIC B  
Address: 3715 LIBERTY SQUARE  
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM (X) Change ( ) Addition  
Name: SCANLAN, VERONIQUE  
Address: 3715 LIBERTY SQUARE  
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ERIC SCANLAN

MGR

04/26/2005

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