2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jun 04, 2009
Secretary of State

DOCUMENT# L98000002089

Entity Name: SAI FORT MYERS M, LLC

Current Principal Place of Business:

15461 S TAMIAMI TRAIL
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

13880 S. TAMIAMI TRAIL
FT. MYERS, FL 33912

New Mailing Address:

FEI Number: 59-3535971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MANAGERS:

Title: MGR ( ) Delete
Name: SMITH, B. SCOTT
Address: 5401 E. INDEPENDENCE BLVD.
City-St-Zip: CHARLOTTE, NC 28218

Title: MGR ( ) Delete
Name: SMITH, O. BRUTON
Address: 5401 E INDEPENDENCE BLVD
City-St-Zip: CHARLOTTE, NC 28212

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: SMITH, DAVID B
Address: 5401 E INDEPENDENCE BLVD
City-St-Zip: CHARLOTTE, NC 28212

Title: MGR ( ) Change (X) Addition
Name: COSPER, DAVID P
Address: 5401 E INDEPENDENCE BLVD
City-St-Zip: CHARLOTTE, NC 28212

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: DAVID P COSPER MGR 06/04/2009

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