


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M00000001428**

1. Entity Name  
 4150 FORD STREET, FT. MEYERS, FLORIDA MM, LLC



Principal Place of Business C/O URBANAMERICA L.P. 30 BROAD STREET, 31ST FLOOR NEW YORK, NY 10004	Mailing Address C/O URBANAMERICA L.P. 30 BROAD STREET, 31ST FLOOR NEW YORK, NY 10004
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**DO NOT WRITE IN THIS SPACE**



05162006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 13-4126889	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM URBANAMERICA LP 30 BROAD STREET, 31ST FLOOR NEW YORK, NY 10004
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 05/31/06-80003-009 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_