


#264

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2008 08:00 AM
Secretary of State

| | |
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| DOCUMENT # M00000001427 |  |
| 1. Entity Name 4150 FORD STREET, FT. MYERS, FLORIDA, LLC | |

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|--|--|
| Principal Place of Business 30 BROAD STREET, 31ST FLOOR NEW YORK, NY 10004 | Mailing Address 30 BROAD STREET, 31ST FLOOR NEW YORK, NY 10004 |
|--|--|

DO NOT WRITE IN THIS SPACE



05152008 No Chg-LLC CR2E083 (12/07)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 13-4126891 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM 4150 FORD ST., FT. MYERS FLORIDA MM, LLC 30 BROAD STREET, 31ST FLOOR NEW YORK, NY 10004 |
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06/13/08-80002-020 143.75

DO NOT WRITE IN THIS SPACE

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 #