


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90001 005 ***550.00

DOCUMENT# F93000004072	
1. Entity Name RHODES-FORT MYERS/GP, INC.	

Principal Place of Business 1990 M STREET NW #650 WASHINGTON, DC 20006	Mailing Address C/O J.P. METZ COMPANY 1990 M STREET, N.W., STE #650 WASHINGTON, DC 20036 US
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50023346

2. Principal Place of Business 6931 Arlington Rd Suite, Apt. #, etc. 510	3. Mailing Address 6931 Arlington Rd Suite, Apt. #, etc. 510
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07182006 Chg-P CR2E034 (11/05)

City & State Bethesda MD	City & State Bethesda MD
Zip 20814	Zip 20814
Country	Country

4. FEI Number 52-1839523	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMBROSI, ROBERT J 1401 BROAD STREET CLIFTON, NJ 07013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEREL, MARC 1401 BROAD STREET CLIFTON, NJ 07013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MELROD, JOSEPH K 1990 M STREET NW #650 WASHINGTON, DC 20036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Melrod, Joseph K. 6931 Arlington Rd Bethesda, MD 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELROD, DANIEL 1990 M STREET NW #650 WASHINGTON, DC 20036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Melrod, D. 6931 Arlington Rd Bethesda, MD 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE: Joseph Melrod 7-25-2006 (301) 657-5595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
BERNSTEIN & PINCHUK LLP
TAX FORM FILING INSTRUCTIONS

5-0023340
#F93000004072

Client Name:

RHODES FT-MYERS GP, INC.

Form:

2006 FLORIDA ANNUAL REPORT

Signature required:

YES, LINE 12

Mail to:

DIVISION OF CORPORATIONS

PO BOX 1500

TALLAHASSEE, FL

32302

To arrive by:

AS SOON AS POSSIBLE

☒ You have an amount due of

\$ 550.00

☐ You are due a refund of

Payable to:

FLORIDA DEPARTMENT OF STATE

Notes:

MAKE SURE FORM IS SIGNED ON LINE 12

PAID FROM RHODES SOUTHEAST ESCROW

JULY 25, 2006

CHECK NUMBER 5096

\$550.00