

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90028 025 \*\*\*150.00

40018752



<b>DOCUMENT # F99000006595</b>					
<b>1. Entity Name</b> EBENHOEH IMMOBILIENBETEILIGUNGS UND VERWALTUNGSGESELLSCHAFT MBH					
<b>Principal Place of Business</b> 1190 BAY DRIVE SANIBEL, FL 33957			<b>Mailing Address</b> P.O. BOX 1631 FORT MYERS, FL 33902		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 1470 Royal Palm Sq. Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> Fort Myers, FL		<b>4. FEI Number</b> NOT APPLICABLE	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
33919		33919		CR2E034 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>  METHENY, MARVIN L 1470 ROYAL PALM SQUARE BLVD. FT. MYERS, FL 33919				<b>7. Name and Address of New Registered Agent</b>  Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____  City: _____ <b>FL</b> Zip Code: _____	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> EBENHOEH, JUERGEN <b>STREET ADDRESS</b> 1190 BAY DRIVE <b>CITY-ST-ZIP</b> SANIBEL, FL 33957	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> METHENY, MARVIN L <b>STREET ADDRESS</b> 1470 ROYAL PALM SQUARE BLVD. <b>CITY-ST-ZIP</b> FORT MYERS, FL 33919	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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 an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>U. J. Treas</u> <b>1/26/07</b> <b>239-689-3012</b>					