

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000005015

**FILED**  
**Mar 06, 2006**  
**Secretary of State**

**Entity Name:** FIKE INVESTMENT ENTERPRISES LLC

**Current Principal Place of Business:**

15761 LOCKMABEN AVENUE  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

15761 LOCKMABEN AVENUE  
FORT MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 65-1007858

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLASP INC.,  
3001 TAMIAMI TRAIL NORTH 4TH FLOOR  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

CLASP INC.  
3001 TAMIAMI TRAIL NORTH 4TH FLOOR  
NAPLES, FL 34103 US

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:

03/06/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FIKE, WILLIAM H  
Address: 15761 LOCKMABEN AVENUE  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FIKE, WILLIAM H TRUSTEE  
Address: 15761 LOCKMABEN AVENUE  
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM H. FIKE, TRUSTEE

MGRM

03/06/2006

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