


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000010674		
1. Entity Name CIRCUIT CITY CENTER OF FT. MYERS, LLC		
Principal Place of Business 2930 IMMOKALEE ROAD, SUITE 4 NAPLES, FL 34110	Mailing Address 2930 IMMOKALEE ROAD, SUITE 4 NAPLES, FL 34110	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WOOD, DOUGLAS A SIESKY PILON & WOOD 1000 TAMiami TRAIL NORTH, SUITE 201 NAPLES, FL 34102		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AJS MANAGEMENT CORP. 2930 IMMOKALEE ROAD, SUITE 4 NAPLES, FL 34110	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date _____ Daytime Phone # _____



01072004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1038535	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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04/19/04-80102-013 50.00