

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 15,
Secre

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



02092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1038535

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
AJS MANAGEMENT CORP.
2930 IMMOKALEE ROAD, SUITE 4
NAPLES, FL 34110

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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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 #

3/12/06 231-596-9500

STREET ADDRESS
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☐ Delete

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SIGNATURE: *Donald D. Martin* - OWNER : DONALD D. MARTIN 3/6/06 305-517-9525