

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005316

FILED  
Apr 23, 2004  
Secretary of State

**Entity Name:** FORT MYERS-NAPLES PROPERTY MANAGEMENT, LLC

**Current Principal Place of Business:**

6215 STONE ROAD  
SUITE 100  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

<UNUSED>  
SUITE 100  
PORT RICHEY, FL 34668

**Current Mailing Address:**

6215 STONE ROAD  
SUITE 100  
PORT RICHEY, FL 34668

**New Mailing Address:**

**FEI Number:** 59-3712994      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ORNSTEIN, MARK L  
940 HIGHLAND AVE.  
ORLANDO, FL 32803      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: WEBSTER, MILTON P III  
Address: 343 WAINWRIGHT DR  
City-St-Zip: NORTHBROOK, IL 60062

Title: MGR      ( ) Delete  
Name: GOLDSTEIN, BRUCE  
Address: 343 WAINWRIGHT DR  
City-St-Zip: NORTHBROOK, IL 60062

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRUCE GOLDSTEIN      MGR      04/23/2004

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