

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                |                                                                                 |                                                              |                                                                       |                                                                                                                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 101000006799</b><br>1. Entity Name<br><b>MCBRIDE FAMILY PROPERTIES LLC</b>                                                                                                                                       |                                                                                 |                                                              |                                                                       |                                                    |  |
| Principal Place of Business<br><b>2824 PALM BEACH BLVD.<br/>FT MYERS FL 33916</b>                                                                                                                                              |                                                                                 |                                                              | Mailing Address<br><b>2824 PALM BEACH BLVD.<br/>FT MYERS FL 33916</b> |                                                                                                                                      |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                          |                                                                                 |                                                              | 3. Mailing Address<br>Suite, Apt. #, etc.                             |                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                   |                                                                                 |                                                              | City & State                                                          |                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                            |                                                                                 | Country                                                      |                                                                       | 4. FEI Number <b>65-1106127</b>                                                                                                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                      |                                                                                 |                                                              |                                                                       | Applied For<br>Not Applicable                                                                                                        |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MCBRIDE, GERALD<br/>2824 PALM BEACH BLVD.<br/>FORT MYERS FL 33916</b>                                                                                                |                                                                                 |                                                              |                                                                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                        |                                                                                 |                                                              |                                                                       |                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2006</b>                                                                                                     |                                                                                 |                                                              |                                                                       |                                                                                                                                      |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>                                                                                                                                                                                          |                                                                                 |                                                              | <b>10. ADDITIONS / CHANGES</b>                                        |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                             | <b>MGRM<br/>MCBRIDE, BRIAN<br/>2824 PALM BEACH BLVD<br/>FORT MYERS FL 33916</b> | <input type="checkbox"/> Delete                              |                                                                       |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                             | <input type="checkbox"/> Delete                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                                                       |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                             | <input type="checkbox"/> Delete                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                                                       |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                             | <input type="checkbox"/> Delete                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                                                       |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                             | <input type="checkbox"/> Delete                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                                                       |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                             | <input type="checkbox"/> Delete                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                                                       |                                                                                                                                      |  |



1st MOORE CR2E083 (10/05)

4. FEI Number **65-1106127**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

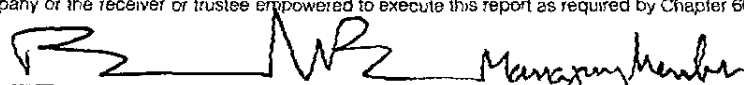
City **FL** Zip Code

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

UN0000439837  
03/02/06-80017-005 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **Managing Member 2/1/06 216 861 344**