

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014590

FILED  
Mar 14, 2005  
Secretary of State

Entity Name: MCGRORY METRO PLANTATION, LLC

**Current Principal Place of Business:**

6380 METRO PLANTATION ROAD  
FT. MYERS, FL 33192

**New Principal Place of Business:**

**Current Mailing Address:**

6380 METRO PLANTATION ROAD  
FT. MYERS, FL 33192

**New Mailing Address:**

FEI Number: 65-1145022

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COX, JOE B  
1185 IMMOKALEE RD STE 110  
NAPLES, FL 34110 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: MGRM ( ) Delete  
Name: MCGRORY, DANIEL P  
Address: 17585 TAYLOR DRIVE  
City-St-Zip: FT. MYERS, FL 33908

Title: MGRM ( ) Delete  
Name: MCGRORY, JOHN G  
Address: 8355 SAN CARLOS BLVD.  
City-St-Zip: FT. MYERS, FL 33912

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MCGRORY, DANIEL P  
Address: 6380 METRO PLANTATION ROAD  
City-St-Zip: FT. MYERS, FL 33192

Title: MGRM (X) Change ( ) Addition  
Name: MCGRORY, JOHN G  
Address: 6380 METRO PLANTATION ROAD  
City-St-Zip: FT. MYERS, FL 33912

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: DANIEL P. MCGRORY

MGRM

03/14/2005

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