2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015241

1. Entity Name

FDX FT. MYERS REALTY ASSOCIATES, LLC

PA (U	NY BR)	Apr 21, 2003	8:	00 am	Ĺ				
		Secretary of 04-21-2003 90118 014	***	state *50.00					
		☐ CHECK HERE IF MAKING		10011 0:001 1007 1001					
		4. FEI Number NOT APPLICABLE	\neg	Applied For	<u> </u>				
Count	try	5. Certificate of Status Desired See Required Fee Required							
		7. Name and Address of New Registered A	gent		_				
	Name								
	Street Address (P.O. Box Number is Not Acceptable)			_				
.			<u>.</u>		-				
	City	FL	Ziş	p Code					
stere	ed office or register	ed agent, or both, in the State of Florida. I am fa	amiliar	r with, and accep	t				
isterec	d Agent signature required	when reinstating) DATE							
Flo	FEE IS \$50.00 orida Departmei ay 1, 2003	nt of State							
10.		ADDITIONS/CHANGES							

FILED

Principal Place of Business				Mailing Address												
		6	60 CUTTER MILL RD. STE 303 GREAT NECK NY 11021													
						•										
2. Principal Place of Business			3. Mailing Address													
Suite, Apt. #, etc.			1	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES								
City & State			-	City & State				4. FEI Numb	er	NOT	APPL	ICAB	LE	├	Applied	For plicable
Zip Country				Zip Country			· 1	5. Certificate	of St	atus Des	sired			5.00 A	ddition	
6. Name and Address of Current R			nt Reg	istered Agent	ered Agent			7. Name and Address of New Registered Agent								
LIAIP	TED 0000	SPATE OFFICE IN	10			Name								_		
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., STE 5 MIAMI FL 33156						Street Address (P.O. Box Number is Not Acceptable)										
Min	mi i E 00 101	•								<u></u>		_				
			-	City								,	FL	Zip Co	de	
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 ag	ent and ti	tte if applicable. (NOT	E: Registere	d Agent signatu	ire required v	when reinstating)		·		DA	ιτΕ			
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				Make Check Payabl		FEE IS \$		t of State								
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9. MANAGING MEMBERS/MANAGERS 10.				-		i		ADDIT	IONS/	CHANG	GES					
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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)(1), 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: AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE