FILED
Apr 29, 2005 08:00 AM
Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000016402

1. Entity Name
METRO PARK OF FT. MYERS, LLC

Principal Place of Business	Mailing Address
1037 5TH AVENUE NORTH NAPLES, FL 34102	1037 5TH AVENUE NORTH NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE

01062005No Chg-LLC CR2E083 (10/03)

4. FEI Number
85-1148042
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEEPLES, C. PERRY
5551 RIDGEWOOD DRIVE
SUITE 101
NAPLES, FL 34108

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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GULLIFORD, JOHN T
STREET ADDRESS	2120 SHAD COURT
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000341685
04/29/05-80022-013 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify 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 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 605, *Florida Statutes*.

SIGNATURE: _____ 4/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #