


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90371 004 ****50.00

DOCUMENT # L01000017850

1. Entity Name
SECTION 32, L.L.C.



Principal Place of Business
**2750 TRAIL DAIRY CIRCLE
 NORTH FORT MYERS, FL 33918**

Mailing Address
**2750 TRAIL DAIRY CIRCLE
 NORTH FORT MYERS, FL 33918**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 3514
 Suite, Apt. #, etc.

City & State
N Fort Myers, FL

Zip
33918

Country
USA

04282005 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1115753

Applied For
 Not Applicable

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

43010636



6. Name and Address of Current Registered Agent
**FALLACARA, BARBARA L
 2750 TRAIL DAIRY CIRCLE
 NORTH FORT MYERS, FL 33918**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____
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**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLEMONS, NORMAN F 2750 TRAIL DAIRY CIRCLE NORTH FORT MYERS, FL 33918 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.

SIGNATURE: Barbara L Fallacara **4/28/05** **(239) 334-8092**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #