## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L01000019155** 1. Entity Name FJS REAL ESTATE, LLC

STREET ADDRESS

STREET ADORESS

CITY-ST-ZiP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

7ITLE NAME STREET ADDRESS



Apr 28, 2005 8:00 am Secretary of State 04-28-2005 90037 037 \*\*\*\*50.00

Change

☐ Change

Addition

Addition

**FILED** 

Mailing Address Principal Place of Business 6672 ESTERO BLVD 6672 ESTERO BLVD., A210 FORT MYERS BEACH, FL 33931 A210 FORT MYERS BEACH, FL 33931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232005 Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For City & State City & State 00-0019155 Not Applicable Žίρ Country Zin Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRANCIS J. SCHILLING ETHERINGTON, DAVID Street Address (P.O. Box Number is Not Acceptable) 2830 NW 41ST STREET SUITE L GAINESVILLE, FL 32606 6672 ESTERO AZIO Zip Code 3393 [ 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. 4/24/05 (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME FJS REAL ESTATE, LLC NAME STREET ADORESS 19220 TANALA DRIVE STREET ADDRESS BROOKFIELD, WI 53005 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE T Change Addition | RILE NAME NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIBE ☐ Chapge ☐ Addition NAME NAME

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

TITLE

☐ Delete

☐ Delete

4/24/05 239-825-C825 UNE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE FRANCIS J. SCHILLING