

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91552 011 \*\*\*\*50.00

**DOCUMENT #** L01000022103

**1. Entity Name**

ALICO/75 PROPERTY, L.L.C.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

**4851 Tamiami Trail North**

**3. Mailing Address**

**4851 Tamiami Trail North**

Suite, Apt. #, etc.

**Suite 400**

Suite, Apt. #, etc.

**Suite 400**

City & State

**Naples, Florida**

City & State

**Naples, Florida**

Zip

**34103**

Country

**USA**

Zip

**34103**

Country

**USA**

**4. FEI Number**

☒

Applied For

☐ Not Applicable

**5. Certificate of Status Desired**

☐

**\$5.00 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name

**J. Thomas Conroy, III**

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

**2640 Golden Gate Parkway, Suite 115**

City

**Naples,**

**FL**

Zip Code  
**34105**

**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.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

**4/23/02**

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGRM**  
**J. Thomas Conroy, III**  
**3838 Tamiami Trail North, Ste. 402**  
**Naples, Florida 34103**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**2640 Golden Gate Parkway, Suite 115**  
**Naples, Florida 34105**

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CR2E083B (12/01)

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/23/02 (941) 649-5200**

Date

Daytime Phone #