

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90244 012 ****50.00

DOCUMENT # L02000001394

1. Entity Name

SECURITY CAPITAL OF FLORIDA, LLC



Principal Place of Business,

13524 ROSEWOOD LANE
NAPLES, FL 34119

Mailing Address

P.O. BOX 110448
NAPLES, FL 34108

40024307



02022005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

80-0028651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEINSTEIN, ERIC
13524 ROSEWOOD LANE
NAPLES, FL 34119

**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 VS *misspelled*
NAME FEINSTON, KATHY *Feinstein*
STREET ADDRESS 13524 ROSEWOOD LANE
CITY-ST-ZIP NAPLES, FL 34119

TITLE PT
NAME FEINSTEIN, ERIC
STREET ADDRESS 13524 ROSEWOOD LANE
CITY-ST-ZIP NAPLES, FL 34119

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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)(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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-15-05

239-
948-5454