

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 24, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # L02000001547**

1. Entity Name  
**SFM REAL ESTATE, LLC**



Principal Place of Business  
**5780 HALIFAX AVE  
UNIT 1  
FORT MYERS, FL 33912 US**

Mailing Address  
**P.O. BOX 61565  
FORT MYERS, FL 33906 US**



01212004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**55-0797671**

Applied For  
☐ Not Applicable

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

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

**MATTER, SUSAN  
6341 TIDEWATER ISLAND CIRCLE  
FT MYERS, FL 33908**

**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

*Susan Matter*

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

(NOTE: Registered Agent signature required when reinstating)

*1/21/04*

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
**P**  
NAME  
**MATTER, SUSAN**  
STREET ADDRESS  
**6341 TIDEWATER ISLAND**  
CITY- ST- ZIP  
**FORT MYERS, FL 33908**

TITLE  
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000000012817  
01/26/04-80028-010 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Susan Matter*

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

Date

Daytime Phone #