


FILED
Mar 12, 2005 08:00 AM
Secretary of State

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

| | |
|---|---|
| DOCUMENT # L02000001547 1. Entity Name SFM REAL ESTATE, LLC |  |
|---|---|

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|---|---|
| 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 |
|---|---|



01282005No Chg-LLC

CR2E083 (10/03)

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| | |
|------------------------------------|--------------------------------------|
| 4. FEI Number 55-0797671 | Applied For Not Applicable |
|------------------------------------|--------------------------------------|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 _____ Signature, type, or print: name of registered agent and, if applicable, (NOTE: Registered Agent signature required when refreshing.) **DATE** _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MATTER, SUSAN 6341 TIDEWATER ISLAND FORT MYERS, FL 33908 |
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03/14/05-0001-003 50.00

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IN THIS SPACE**

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 508, Florida Statutes.

SIGNATURE:

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

Date

Day/1 to Phone 5

Susan Matter

3/9/05 239-691-2205