

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000014846

1. Entity Name
ALICO LAKES COMMONS, LLC



Principal Place of Business
**7910 SUMMERLIN LAKES DRIVE
FORT MYERS, FL 33907**

Mailing Address
**7910 SUMMERLIN LAKES DRIVE
FORT MYERS, FL 33907**

DO NOT WRITE IN THIS SPACE



03042004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
41-2049376

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRYE, MICHAEL J
7910 SUMMERLIN LAKES DR
PALM BAY, FL 32907**

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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 reappointing)

DATE _____

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

U000000032839
03/19/04-80025-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FRYE, MICHAEL J
7910 SUMMERLIN LAKES DR
FORT MYERS, FL 33907**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(b), 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

3-15-04 239-489-0444

Date

Daytime Phone #