

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000017388

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** THURMAN PROPERTY LLC

**Current Principal Place of Business:**

8000 HEALTH CENTER BLVD  
SUITE 300  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

8000 HEALTH CENTER BLVD  
SUITE 300  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLASP INC.  
3001 TAMIAMI TRAIL NORTH  
SUITE 400  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FINEMARK NATIONAL BANK & TRUST  
Address: C/O JEFF MOES 12681 CREEKSIDE LANE  
City-St-Zip: FORT MYERS, FL 33919 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: FINEMARK NATIONAL BANK & TRUST MGR 05/01/2011

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date