2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000023556 1. Entity Name D75, LLC



Principal Place of Business

6700-1 DANIELS PARKWAY FORT MYERS, FL 33912

Mailing Address

6700-1 DANIELS PARKWAY FORT MYERS, FL 33912

FILED Apr 13, 2005 8:00 am Secretary of State

04-13-2005 90216 022 ****50.00



DO NOT WRITE IN THIS SPACE 01052005 No Chg-LLC

Applied For 4. FEI Number 81-0602159 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

就会将你是他有产物的的证

Fee Required

CR2E083 (10/03)

6. Name and Address of Current Registered Agent

CONROY, J. THOMAS III 2640 GOLDEN GATE PKWY **SUITE 115** NAPLES, FL 34105

| | <u>)(</u> | | VO | T_1 | WR | ITE |
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| 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. | | |
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| SIC | SNATURE | (AVYE) Denistand Anast signships roomined when reinstation) | DATE |

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

| 9. | MANAGING MEMBERS/MANAGERS | | | | | |
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| NAME STREET ADDRESS CITY-ST-ZIP | MGRMSed at August 1990 and acceptance of the Countries of | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FRED EXECUTIVE RELOCATION SERVICES, LLC 7995B PRESERVE CIRCLE NAPLES, FL 34119 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | - | | | | | |
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DO NOT WRITE IN THIS SPACE

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|------|------------------------------|-----------------------------|---------------------------------|------------------------------|--------------------------|---------------------------|-------------------------------|----------------|
| 4 - | 1. I hereby certify that the | information complied with | h thie filing does not au | alify for the exemption sta | ated in Section 119 076 | (3)(i) Fiorida Statute | is. I turther certify that th | ne intormation |
| | 1. Thereby certify that the | Saligination sobblice with | Titlis lilling doos not qu | unity for the exchipation of | | (O)(i)(i ioi ida bidioii | | |
| 31 . | indicated on this report | in this and accurate and | that my consture chal | I have the same lenat effi | ect as it made under o | ath that Lam a ma | nadiso member or man | ager of the |
| | indicated on this repor | i is ilue and accurate pro- | (in tall 111) signature si tal | Litera the settle team cit | sat as ir iliaac anaci o | 4117 WILL 1 4111 G 111G | neging monitorion in inter- | -g-, -, ., |
| | Ilmited liability compan | was the receiver or twicte | A amnowered to evecu | te this report as required | hy Chanter 608 Florid | ra Statutes | | |
| | | | | | | | | |

SIGNATURE: . SIGNATURE AND TYPED OR

239-693-1000-