

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90120 016 ****55.00

DOCUMENT # L02000028349					
1. Entity Name OLD BURNT STORE - 50, LLC					
Principal Place of Business 1428 S BRANDYWINE CIRCLE FORT MYERS, FL 33919			Mailing Address 1428 S BRANDYWINE CIRCLE FORT MYERS, FL 33919		
2. Principal Place of Business 1909 Piccadilly Cir Suite, Apt. #, etc.		3. Mailing Address 1909 Piccadilly Cir Suite, Apt. #, etc.			
City & State Cape Coral FL		City & State Cape Coral FL		05022005 Chg-LLC CR2E083 (10/03)	
Zip 33991		Country US		4. FEI Number 30-0136656	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CRAY, SCOTT D 15630 MCGREGOR BLVD., SUITE 103 FORT MYERS, FL 33908			7. Name and Address of New Registered Agent Name Frank Abia Jr Street Address (P.O. Box Number is Not Acceptable) 2250 1st St. City Ft. Myers FL Zip Code 33901		
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 DATE <u>5/3/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME CRAY, SCOTT D STREET ADDRESS 1428 BRANDYWINE C. CITY-ST-ZIP FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete		TITLE MGR NAME Scalzo, Ronald V. Jr STREET ADDRESS 1909 Piccadilly Cir. CITY-ST-ZIP Cape Coral, FL 33991	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE MGR NAME FRANK W COLE STREET ADDRESS 11424 Waterford Village Dr. CITY-ST-ZIP Ft. Myers, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE MGR NAME Charles W Fritz STREET ADDRESS 8721 Cajuput Lane CITY-ST-ZIP Ft. Myers FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			Date <u>5-1-05</u> Daytime Phone # <u>239-513-5211</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					