

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90146 028 ****50.00

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DOCUMENT # L02000028349 1. Entity Name OLD BURNT STORE - 50, LLC					
Principal Place of Business 715 NE 19TH PLACE SUITE 31 CAPE CORAL, FL 33903 US			Mailing Address 715 NE 19TH PLACE SUITE 31 CAPE CORAL, FL 33903 US		
2. Principal Place of Business 8721 Cajupit Lane Suite, Apt. #, etc. 1		3. Mailing Address 8721 Cajupit Lane Suite, Apt. #, etc.			
City & State Fort Myers, FL		City & State Fort Myers, FL		4. FEI Number 30-0136656	
Zip 33919		Country USA		Zip 33919	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent DEMOYA, ANA 715 NE 19TH PLACE STE 31 CAPE CORAL, FL 33903			7. Name and Address of New Registered Agent Name Kevin F. Jursinski, P.A. Street Address (P.O. Box Number is Not Acceptable) 7800 University Pointe Dr. Suite 200 City Fort Myers, FL Zip Code 33907		
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 AS President DATE 4/25/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCALZO DEVELOPMENT GROUP INC 715 NE 19TH PLACE STE 31 CAPE CORAL, FL 33903	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRITZ, CHARLES W 8721 CAJUPIT LANE FORT MYERS, FL 33919	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/25/06
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					