

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90178 028 ****50.00



DOCUMENT # L02000033573

1. Entity Name

FORT MYERS INVESTMENTS, LLC

Principal Place of Business

1212 S.W. 20TH ST.
 CAPE CORAL FL 33991
 US

Mailing Address

1212 S.W. 20TH ST.
 CAPE CORAL FL 33991
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

City & State

4. FEI Number

06-1665763

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZUPKE, WOLFGANG
 2310 SE 28TH STREET
 CAPE CORAL FL 33904

Name **ZUPKE WOLFGANG**

Street Address (P.O. Box Number is Not Acceptable)

1212 SW 20th Street

City

Cape Coral

FL

Zip Code

33991

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM** Delete
 NAME **ZUPKE, WOLFGANG MGRM**
 STREET ADDRESS **2310 SE 28TH STREET**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **MGRM** Change Addition
 NAME **ZUPKE WOLFGANG MGRM**
 STREET ADDRESS **1212 SW 20th Street**
 CITY-ST-ZIP **Cape Coral, FL 33991**

TITLE **MGRM** Delete
 NAME **ZUPKE, WOLFGANG**
 STREET ADDRESS **2310 SE 28TH STREET**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Handwritten Signature]

01/23/06