

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004189

FILED  
Mar 11, 2008  
Secretary of State

Entity Name: PM ENTERPRISES OF FT. MYERS, LLC

**Current Principal Place of Business:**

13302 PALM BEACH BOULEVARD  
FT MYERS, FL 33905

**New Principal Place of Business:**

6784 HIGHLAND PINES CIRCLE  
FT MYERS, FL 33912

**Current Mailing Address:**

6784 HIGHLAND PINES CIRCLE  
FT MYERS, FL 33912

**New Mailing Address:**

FEI Number: 22-3893170      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NEWKIRK, PHILIP  
6784 HIGHLAND PINES CIRCLE  
FT MYERS, FL 33912      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      ( ) Delete  
Name: NEWKIRK, PHILIP  
Address: 6784 HIGHLAND PINES CIRCLE  
City-St-Zip: FT MYERS, FL 33912

Title: MGR      ( ) Delete  
Name: TIPSON, MICHAEL G  
Address: 809 VALLEY DRIVE  
City-St-Zip: CANTON, GA 30114

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MICHAEL G. TIPSON

MGR

03/11/2008

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