2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000007193

MICHAEL GRIMES AND MARILYN GRIMES, HUSBAND AND WIFE, LLC



FILED Feb 12, 2005 08:00 AM Secretary of State

Principal Place of Business

1830 MARAVILLA AVENUE FORT MYERS, FL 33901.

Mailing Address

P.O. BOX 60195 FORT MYERS, FL 33906



DO NOT WRITE IN THIS SPACE

01212005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 38-3668563

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PROPERTY COUNSELORS MANAGEMENT GROUP II, L 6328 PRESIDENTIAL COURT SUITE 1

FORT MYERS, FL 33919

CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

8. The above	named entity submits this statement for the purpose of changing tions of registered agent.	ng its register	i ed office or registered agent, or b	poth, in the State of Florida. I am fam	iliar with, and accept
SIGNATURE		(NOTE Registere	NOTE Registered Agent signature required when reinstating) DATE		<u> </u>
Fi D	iling Fee is \$50.00 ue by May 1, 2005	 -			- · - · -
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIMES, MICHAEL & MARILYN, HUSBAND & WIFE 411 BATH CLUB BLVD. SOUTH NORTH REDINGTON BEACH, FL 33708				
Title Name Street address City-St-Zip			UQOQDO227541 02/14/05-80004-002 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS DITY-ST-ZIP			IN THIS SPACE		
TITLE VAME STREET ADDRESS CITY-ST-ZIP					
TITLE VAME STREET ADDRESS					

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: