

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90152 010 \*\*\*\*50.00

<b>DOCUMENT # L03000007193</b>					
<b>1. Entity Name</b> MICHAEL GRIMES AND MARILYN GRIMES, HUSBAND AND WIFE, LLC					
<b>Principal Place of Business</b> 1830 MARAVILLA AVENUE FORT MYERS, FL 33901			<b>Mailing Address</b> P.O. BOX 60195 FORT MYERS, FL 33906		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 411 Bath Club Blvd. South			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State North Redington Beach, FL		<b>4. FEI Number</b> 38-3668563	
Zip		Zip 33708		Country US	
<b>6. Name and Address of Current Registered Agent</b> PROPERTY COUNSELORS MANAGEMENT GROUP II, L 6328 PRESIDENTIAL COURT SUITE 1 FORT MYERS, FL 33919				<b>7. Name and Address of New Registered Agent</b> Name: Michael Grimes Street Address (P.O. Box Number is Not Acceptable): 411 Bath Club Blvd. South City: North Redington Beach FL Zip Code: 33708	
<b>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.</b> SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: 1/24/06					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
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	<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	
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	
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	
<b>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.</b>					
<b>SIGNATURE:</b>			Date: 1/24/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		