

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-27-2006 90053 014 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000022499

1. Entity Name

FORT MYERS 41, LLC



Principal Place of Business

C/O LINCOLN HARBOR YACHT CLUB
1500 HARBOR BLVD.
WEEHAWKEN NJ 07086

Mailing Address

P.O. BOX 60105
FORT MYERS FL 33906

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

40 CGMS
13131 University Dr
Fort Myers, FL
33907 Lee

4. FEI Number

20-0100290

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WAYLAND, TERRY
6238 PRESIDENTIAL CT, STE 1
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name Steve Isreal

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

40 Commercial Strip Mgmt Services

13131 University Dr

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

4-4-06

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2008

9. MANAGING MEMBERS / MANAGERS

10.

ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	ISREAL, STEVE	40 E 78TH ST 11D	NEW YORK NY 10021	<input type="checkbox"/>
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
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"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 #

4-4-06

03/06/2006 15:58 FAX 2394377299

VIP COMMERCIAL

002

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FORT MYERS 41, LLC



Principal Place of Business
**C/O LINCOLN HARBOR YACHT CLUB
1500 HARBOR BLVD.
WEEHAWKEN NJ 07086**

Mailing Address
**P.O. BOX 60465
FORT MYERS FL 33966**

ATTACHMENT

310004521

2. Principal Place of Business

3. Mailing Address
46 CGMS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**13131 University Dr.
Fort Myers, FL**

Zip

Country

Zip

Country

4. FEI Number
20-0100290

Applied For
 Not Applicable

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

**WAYLAND, TERRY
6238 PRESIDENTIAL CT, STE 1
FORT MYERS FL 33919**

Name **Steve Israel**
Street Address (P.O. Box Number is Not Acceptable)
**46 Commercial Strip Mgmt Services
13131 University Dr
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 **SEE BELOW**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when removing)

DATE

9. MANAGING MEMBERS/MANAGERS

MGRM		TO	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	ISREAL, STEVE 40 E 78TH ST 11D NEW YORK NY 10021	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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SIGNATURE:

[Handwritten Signature]

3-8-06

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

Date

Daytime Phone #