2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 18, 2005 8:00 am Secretary of State

						01-18-2005 9	0105 000	*******	MO.
DOCUMENT # L03000023839 1. Entity Name MARKETPLACE AT METRO, LLC						VI-10-2UU3 >	·0103 008	30.0	, v
Principal Place of Business Mailing Address						20	Magr	Λ	
12651 MCGREGOR BLVD		12651 MCGREGOR BLVD			20002585				
#4-403 Fort Myers	, FL 33919	#4-403 Fort Myers, FL 339	19		i (11(11) 1)	 	1)44 11 511 51 510 11	1 8 4 4 3 186 4011 1 3 11	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01122005	Chg-LLC	CR2E0	83 (10/03)	
City & State		City & State			4. FEI Numb 20-007			<u> </u>	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Required	
	6. Name and Address of Current	Registered Agent	Name		7. Name and	Address of New	Registered	Agent .	
KUSHNER, STEVEN P ESQ.									
1375 JAC	KSON STREET		Street A	ddress (P	P.O. Box Numb	er is Not Acceptab	ole)		
FORTMY	ERS, FL 33901								
			City				FL	Zip Code	
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office of	r registere	ed agent, or bo	oth, in the State of F	lorida. I am	familiar with,	and accept
SIGNATURE		•							
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signs	ture required v	when reinstating)		DATE	-	
Fi D	iling Fee is \$50.00 ue by May 1, 2005		•		i		ike check p da Departm		
9.	MANAGING MEMBI	RS/MANAGERS	10.			ADDITION	S/CHANGES	· · · · · · · · · · · · · · · · · · ·	
TITLE	MGRM .	Delete	TITLE	Γ		7.55711011	0,0,0,0	☐ Change	Addition
NAME	BLASENA, TODD A		NAME						
STREET ADDRESS CITY-ST-ZIP	1574 POINCIANA AVENUE FORT MYERS, FL 33901		STREET ADDRESS CITY-ST-ZIP						
TITLE	MGRM	Delete	TITLE					☐ Change	☐ Addition
NAME	MILLER, STEPHANIE	C) Descie	NAME					onenge	
STREET ADDRESS	12651 MCGREGOR BLVD., #4~	403	STREET ADDRESS						
CITY-ST-ZIP	FT. MYERS, FL 33919		CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·				
TITLE		Delete	TITLE					☐ Change	Addition
STREET ADDRESS			STREET ADDRESS		. ~ .				
CITY-ST-ZIP			CITY-ST-ZIP			· · ·			
TITLE		Delete	TITLE					☐ Change	Addition Addition
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY+ST-ZIP						
TITLE	I		Unit - ST - CK	Ł					
1 10072		[7] Datata	TITLE					Change	□ Addition
NAME		☐ Detete	TITLE NAME					☐ Change	☐ Addition

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1. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

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

CITY-ST-ZIP

239-277-1515 Daytime Phone #