

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025833

Entity Name: MICAIL INVESTMENTS, L.L.C.

FILED  
Mar 03, 2005  
Secretary of State

## Current Principal Place of Business:

2030 MCGREGOR BLVD.  
FT. MYERS, FL

## New Principal Place of Business:

2030 MCGREGOR BLVD.  
FT. MYERS, FL 33901

## Current Mailing Address:

2030 MCGREGOR BLVD.  
FT. MYERS, FL

## New Mailing Address:

2077 FIRST ST.  
SUITE 209  
FT. MYERS, FL 33901

FEI Number: 65-1196799

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FINK, MICHAEL G  
2030 MCGREGOR BLVD.  
FT. MYERS, FL US

## Name and Address of New Registered Agent:

FINK, MICHAEL G  
2030 MCGREGOR BLVD.  
FT. MYERS, FL 33901 US

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: MICHAEL FINK

03/03/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: FINK, MICHAEL G  
Address: 2030 MCGREGOR BLVD.  
City-St-Zip: FT. MYERS, FL

Title: MGR ( ) Delete  
Name: LAWSON, GAIL M  
Address: P.O. BOX 1506  
City-St-Zip: FORT MYERS, FL 33901

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: FINK, MICHAEL G  
Address: 2030 MCGREGOR BLVD.  
City-St-Zip: FT. MYERS, FL 33901

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 FINK

MGR

03/03/2005

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