

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026513

FILED
Jan 11, 2006
Secretary of State

Entity Name: FLORIDA FIVE HUNDRED, LLC

Current Principal Place of Business:

2503 DEL PRADO BOULEVARD
SUITE 300
CAPE CORAL, FL 33904

New Principal Place of Business:

6076 EAGLE WATCH COURT
N. FORT MYERS, FL 33917 US

Current Mailing Address:

2503 DEL PRADO BOULEVARD
SUITE 300
CAPE CORAL, FL 33904

New Mailing Address:

6076 EAGLE WATCH COURT
N. FORT MYERS, FL 33917

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOGUE, PATRICK
6076 EAGLE WATCH COURT
NORTH FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FLORIDA ONE HUNDRED,, LLC
Address: 2503 DEL PRADO BLVD, SUITE 300
City-St-Zip: CAPE CORAL, FL 33904 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FLORIDA ONE HUNDRED,, LLC
Address: 6076 EAGLE WATCH COURT
City-St-Zip: N. FORT MYERS, FL 33917 US

Title: MGRM () Change (X) Addition
Name: LOGUE, PATRICK
Address: 6076 EAGLE WATCH COURT
City-St-Zip: N. FORT MYERS, FL 33917

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PATRICK LOGUE

MGRM

01/11/2006

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