


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90040 047 \*\*\*\*50.00

<b>DOCUMENT # L03000026513</b> 1. Entity Name <b>FLORIDA FIVE HUNDRED, LLC</b>					
Principal Place of Business <b>6076 EAGLE WATCH COURT</b> <b>N. FORT MYERS, FL 33917</b> <b>US</b>			Mailing Address <b>6076 EAGLE WATCH COURT</b> <b>N. FORT MYERS, FL 33917</b>		
2. Principal Place of Business - No P.O. Box # <b>6296 CORPORATE COURT</b> Suite, Apt. #, etc. <b>B-102</b>		3. Mailing Address <b>6296 CORPORATE COURT</b> Suite, Apt. #, etc. <b>B-102</b>		<b>40070553</b>  	
City & State <b>FT. MYERS</b> <b>FL</b>		City & State <b>FT. MYERS, FL</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>33919</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LOGUE, PATRICK</b> <b>6076 EAGLE WATCH COURT</b> <b>NORTH FORT MYERS, FL 33917</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6296 CORPORATE COURT # B-102</b> City <b>FT. MYERS</b> <b>FL</b> Zip Code <b>33919</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. SIGNATURE <u>PATRICK LOGUE</u> DATE <u>4-15-07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORIDA ONE HUNDRED, LLC 6076 EAGLE WATCH COURT N. FORT MYERS, FL 33917	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOGUE, PATRICK 6076 EAGLE WATCH COURT N. FORT MYERS, FL 33917	<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			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4-15-07</u> Daytime Phone # <u>239-333-1137</u>		