

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90034 029 ***138.75



DOCUMENT # L03000028182

1. Entity Name
GSP-FORT MYERS, L.L.C.

Principal Place of Business
13499 SE CLEVELAND AVE
FORT MYERS, FL 33907 US

Mailing Address
605 SOUTH MAIN
SUITE 2
ANN ARBOR, MI 48104

60029646



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3051 Miller Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222008 Chg-LLC CR2E083 (12/06)

City & State

Ann Arbor MI

4. FEI Number
20-0129824

Applied For
Not Applicable

Zip

Country

48103

USA

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

GIBBORNS, MICHAEL C
21775 SOUND WAY
UNIT 102
ESTERO, FL 33928

Name

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

City

FL

Zip Code

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

Michael C Gibbons

(NOTE: Registered Agent signature required when reinstating)

4/22/08

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GIBBORNS, MICHAEL
21775 SOUND WAY UNIT 102
ESTERO, FL 33928 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SERRAS, DENNIS
605 S. MAIN, STE 2
ANN ARBOR, MI 48104 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 of the record or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Dennis

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

4/22/08

DATE

Daytime Phone #