

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90421 030 ****50.00

DOCUMENT # L03000029414

1. Entity Name
FULCRUM I, LLC



Principal Place of Business

**8454 MALLARDS WAY
NAPLES, FL 34114**

Mailing Address

**8454 MALLARDS WAY
NAPLES, FL 34114**

DO NOT WRITE IN THIS SPACE



04012005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-0139827

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MORRIS, WILLIAM G
247 N. COLLIER BLVD.
SUITE 202
MARCO ISLAND, FL 34145**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SAMEK, STEVE
8454 MALLARDS WAY
NAPLES, FL 34114**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
THOMPSON, JOEL
106 WINDMERE
EDWARDS, CO 81632**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
RANDY R. ALLEN TRUST
1557 E. PRAIRIE
WHEATON, IL 60187**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

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

Date

Daytime Phone #

3/31/05

630-447-8770