

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029414

FILED
Apr 30, 2006
Secretary of State

Entity Name: FULCRUM I, LLC

Current Principal Place of Business:

8454 MALLARDS WAY
NAPLES, FL 34114

New Principal Place of Business:

Current Mailing Address:

8454 MALLARDS WAY
NAPLES, FL 34114

New Mailing Address:

FEI Number: 20-0139827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, WILLIAM G
247 N. COLLIER BLVD.
SUITE 202
MARCO ISLAND, FL 34145 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: SAMEK, STEVE
Address: 8454 MALLARDS WAY
City-St-Zip: NAPLES, FL 34114 US

Title: MGRM () Delete
Name: THOMPSON, JOEL
Address: 106 WINDMERE
City-St-Zip: EDWARDS, CO 81632 US

Title: MGRM () Delete
Name: RANDY R. ALLEN TRUST,
Address: 1557 E. PRAIRIE
City-St-Zip: WHEATON, IL 60187 US

ADDITIONS/CHANGES:

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

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

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 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: STEVE SAMEK

MR

04/30/2006

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