

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000029740			
1. Entity Name DMR ALICO PROPERTIES, LLC			
Principal Place of Business 7851 SUPPLY DRIVE FORT MYERS, FL 33912		Mailing Address 7851 SUPPLY DRIVE FORT MYERS, FL 33912	
DO NOT WRITE IN THIS SPACE			
		 04262005No Chg-LLC CR2E083 (10/03)	
		4. FEI Number 56-2388688	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILES, MARK T 7851 SUPPLY DRIVE FORT MYERS, FL 33912		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable.</small>			
Filing Fee is \$50.00 Due by May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP WILES, MARK T 7851 SUPPLY DRIVE FORT MYERS, FL 33912		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP MCMURRAY, DARIN 7866 GO CANES WAY FORT MYERS, FL 33912		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <u>Mark T Wiles</u>		4/27/05 239-267-7000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	