


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90007 038 \*\*\*\*50.00

|  |  |  |   |  |   |
|--|--|--|---|--|---|
| <b>DOCUMENT # L03000031757</b>   |  |  |   |                       |   |
| <b>1. Entity Name</b><br>FLEET PROPERTY COMPANY, LLC   |  |  |   |  |   |
| <b>Principal Place of Business</b><br>2033 MAIN STREET, SUITE 600<br>SARASOTA, FL 34237  |  |  | <b>Mailing Address</b><br>2033 MAIN STREET, SUITE 600<br>SARASOTA, FL 34237 |  |   |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b>                                    |   |  |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |  |   |
| City & State   |  | City & State   |   | 02212005    Chg-LLC    CR2E083 (10/03)   |   |
| Zip  |  | Country  |   | <b>4. FEI Number</b><br>51-0481105   |   |
| Zip  |  | Country  |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |   |
| <b>6. Name and Address of Current Registered Agent</b>   |  |  | <b>7. Name and Address of New Registered Agent</b>                          |  |   |
| PFLUGNER, J. GEOFFREY<br>2033 MAIN STREET, SUITE 600<br>SARASOTA, FL 34237   |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City          |  |   |
|  |  |  | FL    Zip Code  |  |   |
| <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.</b>   |  |  |   |  |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____   |  |  |   |  |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |   |  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>CASSOTA, FRANK<br>1800 NORTHGATE BLVD #A8<br>SARASOTA, FL 34234    | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>NEAL, PATRICK K<br>8210 LAKEWOOD RANCH BLVD<br>BRADENTON, FL 34202 | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>SCHIER, JAMES R<br>8210 LAKEWOOD RANCH BLVD<br>BRADENTON, FL 34202  | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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.</b> |  |  |   |  |   |
| <b>SIGNATURE:</b> _____  |  |  | 3/23/05   |  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  | Date    Daytime Phone #   |  |   |