

**2006 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT**

DOCUMENT # L03000046138

1. Entity Name
EXIT I & E REALTY, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 9:17

Principal Place of Business
1591 HAYLEY LANE
102
FORT MYERS, FL 33907

Mailing Address

1591 HAYLEY LANE
102
FORT MYERS, FL 33907

2. Principal Place of Business
3501 DEL PRADO BLVD.

3. Mailing Address
3501 DEL PRADO BLVD

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

Zip

33904

Country

LEE

Zip

33904

Country

LEE

04192006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0409425

Applied For
 Not Applicable

5. Certificate of Status Desired
 \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPEAR, TIMOTHY P
1591 HAYLEY LANE
102
FORT MYERS, FL 33907

Name

FRANCIS GERACI, JR.

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

3501 DEL PRADO BLVD, SUITE 100

City

CAPE CORAL

FL Zip Code
33904

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Make check payable to
Florida Department of State

Amended AR is \$50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
I & E GROUP, INC.
1591 HAYLEY LANE STE 102
FORT MYERS, FL 33907

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
SPEAR, TIMOTHY P
1591 HAYLEY LANE STE 102
FORT MYERS, FL 33907

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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

SIGNATURE: *John J. Gheraci*

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

4/19/06

Date

Daytime Phone #