

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052559

FILED  
Feb 27, 2007  
Secretary of State

Entity Name: FSULAW L.L.C.

**Current Principal Place of Business:**

5303 S.W. 26TH COURT  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

**Current Mailing Address:**

5303 S.W. 26TH COURT  
CAPE CORAL, FL 33914 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MITAR, GEORGE J III  
5303 S.W. 26TH COURT  
CAPE CORAL, FL 33914 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: MITAR, ROBYN R  
Address: 5303 S.W. 26TH COURT  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGR ( ) Delete  
Name: MITAR, GEORGE J III  
Address: 5303 S.W. 26TH COURT  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGR ( ) Delete  
Name: MITAR, ANN G  
Address: 639 ASTATIAS CIRCLE S.W.  
City-St-Zip: FORT MYERS, FL 33919

**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: ROBYN R. MITAR

MGRM

02/27/2007

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