

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90037 018 \*\*\*\*50.00

**DOCUMENT # L03000053940**

1. Entity Name  
FGCG DEVELOPMENT I, LLC



Principal Place of Business  
11920 FAIRWAY LAKES DRIVE, SUITE 3  
FORT MYERS, FL 33913

Mailing Address  
11920 FAIRWAY LAKES DRIVE, SUITE 3  
FORT MYERS, FL 33913

20019783



2. Principal Place of Business

7800 UNIVERSITY POINTE DE

3. Mailing Address

7800 UNIVERSITY POINTE DE

Suite, Apt. #, etc.

# 100

Suite, Apt. #, etc.

# 100

01312005

Chg-LLC

CR2E083 (10/03)

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

4. FEI Number

20-0543731

Applied For

Not Applicable

Zip  
33907

Country  
USA

Zip  
33907

Country  
USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WATERMEIER, JANET  
11920 FAIRWAY LAKES DRIVE, SUITE 3  
FORT MYERS, FL 33913

7. Name and Address of New Registered Agent

Name

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

7800 UNIVERSITY POINTE DE #100

City

FORT MYERS

FL

Zip Code

33907

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WATERMEIER, JANET  
12344 HAMPTON PK CT  
FORT MYERS, FL 33913 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
D'NESSANDRO, FRANK  
4516 LONGBOAT LANE  
FORT MYERS, FL 33919 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D'ALESSANDRO, FRANK ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Janet Watermeier*

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

Date

Daytime Phone #