


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

02-28-2005 90054 001 ***100.00

DOCUMENT # L03000055842	
1. Entity Name UNITED METHODIST, LLC	

Principal Place of Business 1429 COLONIAL BLVD. SUITE 201 FORT MYERS, FL 33907 US	Mailing Address 1429 COLONIAL BLVD. SUITE 201 FORT MYERS, FL 33907 US
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2. Principal Place of Business P.O. Box 770277 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 770277 Suite, Apt. #, etc.
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City & State Naples, FL	City & State Naples, FL
Zip 34107	Country US

6. Name and Address of Current Registered Agent HANNAH, DOUGLAS J 1429 COLONIAL BLVD. SUITE 201 FORT MYERS, FL 33907	
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7. Name and Address of New Registered Agent Name Hannah, Douglas J. Street Address (P.O. Box Number is Not Acceptable) 6632 Trail Blvd. City Naples FL Zip Code 34108	
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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 <u>[Signature]</u> <u>managing member</u> <u>3/15/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANNAH, DOUGLAS J P.O. BOX 770277 NAPLES, FL 34107 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: <u>[Signature]</u> <u>managing member</u> <u>3/15/05</u> <u>239/597-7900</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daring Phone #</small>	
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03162005 Chg-LLC CR2E083 (10/03)

4. FEI Number
044-60-6731
Applied For
Not Applicable

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

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

Make check payable to
Florida Department of State