

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

04-29-2005 90030 021 ****55.00

DOCUMENT # L04000020399 1. Entity Name F.M. PROPERTIES I, LLC			
Principal Place of Business 1255 CREEKSIDE PARKWAY NAPLES, FL 34108		Mailing Address 1255 CREEKSIDE PARKWAY NAPLES, FL 34108	
2. Principal Place of Business 870 11th Ave N Suite, Apt. #, etc. Suite 1 City & State Naples, FL Zip 34108		3. Mailing Address 870 11th Ave N Suite, Apt. #, etc. Suite 1 City & State Naples, FL Zip 34108	
4. FEI Number 20-0907873		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		03252005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent SCHIFFMAN, ALAN T 1166 DIMOCK LANE NAPLES, FL 34110		7. Name and Address of New Registered Agent Name Schiffman, Alan T Street Address (P.O. Box Number is Not Acceptable) 870 11th Ave N Suite 1 Naples FL 34108	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM FORT MYERS PROPERTY INVESTMENTS CO., LLC 1125 CREEKSIDE PARKWAY NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM FORT MYERS PROPERTY INVESTMENTS CO., LLC 870 11th Ave N Suite 1 Naples FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		ARTHUR MOORE, CFO <small>Date</small> 3/30/05 <small>Daytime Phone #</small> (239) 597-2666	