

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000021134**

1. Entity Name  
**NEXUS CAPITAL PROPERTIES, LLC**



Principal Place of Business  
**11710 ROSEMOUNT DRIVE  
FORT MYERS, FL 33913 US**

Mailing Address  
**P.O. BOX 60412  
FT. MYERS, FL 33906 US**



03282006 No Chg-LLC

CR2E063 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3787857**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PISARIS-HENDERSON, CRAIG A  
11710 ROSEMOUNT DRIVE  
FORT MYERS, FL 33913**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PISARIS-HENDERSON, CRAIG A 11710 ROSEMOUNT DRIVE FORT MYERS, FL 33913
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04/25/06-80025-004 50.00

**DO NOT WRITE  
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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:** *Craig A. Pissaris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #