

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2005 90100 018 ****55.00

DOCUMENT # L04000022690					
1. Entity Name FORT MYERS PROPERTY INVESTMENTS CO., LLC					
Principal Place of Business 840 111TH AVENUE N. SUITE # 8 NAPLES, FL 34108			Mailing Address 840 111TH AVENUE N. SUITE # 8 NAPLES, FL 34108		
2. Principal Place of Business 870 111th AVE N Suite, Apt. #, etc. Suite 1 City & State Naples FL Zip 34108 Country USA		3. Mailing Address 870 111th AVE N Suite, Apt. #, etc. Suite 1 City & State Naples FL Zip 34108 Country USA			
4. FEI Number 20-0908127		03252005 Chg-LLC CR2E083 (10/03)			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
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 Street Address (P.O. Box Number is Not Acceptable) 870 111th AVE N Suite 1 City Naples FL Zip Code 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 _____ (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NAPLES REALTY GROUP, LLC 840 111TH AVE. N., SUITE 8 NAPLES, FL 34108		TITLE NAME STREET ADDRESS CITY - ST - ZIP	870 111th AVE N, Suite 1 Naples, FL 34108	
[Delete]			[Change] [Addition]		
[Delete]			[Change] [Addition]		
[Delete]			[Change] [Addition]		
[Delete]			[Change] [Addition]		
[Delete]			[Change] [Addition]		
[Delete]			[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: <u>Arthur Moore</u> Arthur Moore <u>3/30/05</u> 597-2666					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					