

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90092 008 \*\*\*\*50.00

**DOCUMENT # L04000025752**

1. Entity Name  
**IMH COMMERCIAL CENTER, LLC**



Principal Place of Business  
**2947 HANSON ST  
FORT MYERS FL 33916**

Mailing Address  
**2947 HANSON ST  
FORT MYERS FL 33916**

2. Principal Place of Business  
**1244 WALDEN DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**1244 WALDEN DR**  
Suite, Apt. #, etc.

City & State  
**FORT MYERS FL**  
Zip  
**33901**

City & State  
**FORT MYERS FL**  
Zip  
**33901**

4. FEI Number  
**20-0997934**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MORRIS, MARY JANE  
2947 HANSON ST  
FORT MYERS, FL 33916**

7. Name and Address of New Registered Agent

Name  
**MARY JANE MORRIS**  
Street Address (P.O. Box Number is Not Acceptable)  
**1244 WALDEN DR**  
City  
**FORT MYERS** FL Zip Code  
**33901**

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 *Mary Jane Morris*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
**1-15-05**

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

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## 10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MGR MARY JANE MORRIS</b>
STREET ADDRESS	<b>1244 WALDEN DR</b>
CITY-ST-ZIP	<b>FORT MYERS FL 33901</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 *Mary Jane Morris*

**1-15-05**

**239-274-8048**