## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME

## **FILED** Feb 22, 2005 8:00 am Secretary of State 02-22-2005 90073 008 \*\*\*\*50.00

DOCUMENT # L04000030513  1. Entity Name FULLENKAMP-STRAYHORN PROPERTIES, L.L.C.						02-22-2005 90073 008 ****50.00					
Principal Place	e of Business	Mailir	ng Address			1					
2911 N.E. PINE ISLAND ROAD			2911 N.E. PINE ISLAND ROAD					4 4	<b>400</b>		
CAPE CORAL, FL 33909			CAPE CORAL, FL 33909			20014793					
							COIR DICCI DANI COIC ASSI	•-		31 M 11 H	
2. Principal Place of Business			3. Mailing Address								
						1 10011011 011	BOILL BEALT ORING ANSTRONIC	BESEE THE BEIET B	184 11699 1118	B( ))) (8B(	
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			01072005	Chg-LLC	CR2E083	10/03)		
City & State			City & State			4. FEI Numbe	196385		+ +	lied For Applicable	
Zip — Country		Zip	·	Country		\$5.00					
<u>usa</u> .						Fee Required					
	6. Name and Address of Cur		7. Name and Address of New Registered Agent								
FULLENKAMP, DENNIS J				] "	Name						
2911 N.E. PINE ISLAND ROAD				S	treet Address (	(P.O. Box Numbe	er is Not Acceptable)				
CAPE CORAL, FL 33909											
				٥	City			FL	Zip Code		
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, project or grinted name of registered agent and title if applicable. INOTE: Registered Agent signature required when reinstating.  DATE											
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, 2005						Make check payable to Florida Department of State					
9.	MANAGING ME	MBERS/MAN	NAGERS	10.			ADDITIONS/	CHANGES			
FITLE	MGRM		☐ Delete	TITLE					Change	Addition	
NAME	FULLENKAMP, DENNIS J	40		NAME							
STREET ADORESS CITY-ST-ZIP	2911 N.E. PINE ISLAND RO CAPE CORAL, FL 33909	AD		STREET AL							
	MGRM		Поли	<u> </u>					Change	Addition	
TITLE NAME	STRAYHORN, MICHAEL M		Delete	TITLE NAME				L	Change	Addition	
STREET ADDRESS	2911 N.E. PINE ISLAND RO	AD	•	STREET AL	odress						
CITY-ST-ZIP	CAPE CORAL, FL 33909			CITY-ST-	ZIP						
TITLE	· · · · ·		☐ Delete	TITLE	_			🗆	Change	Addition	
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					ZIF 1				Change	Addition	
NAME			Delete	TITLE NAME				<u> </u>	Change	Addition	
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STREET ADDRESS CIEY-ST-ZIP				STREET AL	l l						
TITLE			☐ Delete	TITLE			-	F	] Change	Addition	
NAME 1	THE PROPERTY OF THE		44.7	NAME		4.		e e e e e e e e e e e e e e e e e e e	-		
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CITY-ST-ZIP	机准 (基) (2) 11 。	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	L. M. A. M.	CITY-ST-				The state of the s			
11. I hereby certify that the information supplied with this filing does not gualify 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											

F SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

-18-05

Date

Dayume Phone #