

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000030513

1. Entity Name
FULENKAMP-STRAYHORN PROPERTIES, L.L.C.



Principal Place of Business
2911 N.E. PINE ISLAND ROAD
CAPE CORAL, FL 33909

Mailing Address
2911 N.E. PINE ISLAND ROAD
CAPE CORAL, FL 33909



01272007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1196385

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FULENKAMP, DENNIS J
2911 N.E. PINE ISLAND ROAD
CAPE CORAL, FL 33909

**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 renewing)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME FULENKAMP, DENNIS J
STREET ADDRESS 2911 N.E. PINE ISLAND ROAD
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE MGRM
NAME STRAYHORN, MICHAEL M
STREET ADDRESS 2911 N.E. PINE ISLAND ROAD
CITY-ST-ZIP CAPE CORAL, FL 33909

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02/22/07-80036-022 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-9-07 239-985-9884