
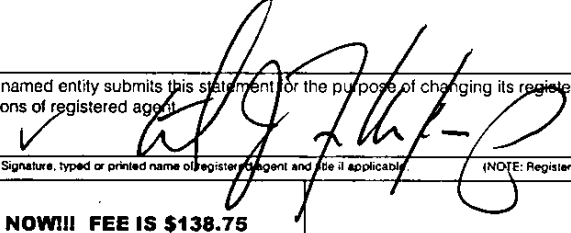
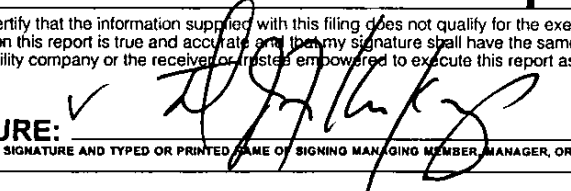


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90087 034 ***138.75

DOCUMENT # L04000030513 1. Entity Name FULLENKAMP-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	
2. Principal Place of Business - No P.O. Box # 3443 Hancock Bridge Parkway Suite 301 N. Fort Myers, FL 33903		3. Mailing Address 3443 Hancock Bridge Parkway Suite 301 N. Fort Myers, FL 33903	
Zip	Country	Zip	Country
4. FEI Number 20-1196385		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FULLENKAMP, DENNIS J 2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909		7. Name and Address of New Registered Agent Name Fullenkamp, Dennis J. 3443 Hancock Bridge Parkway Suite 301 N. Fort Myers, FL 33903	
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 		DATE <u>2-4-08</u>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FULLENKAMP, DENNIS J 2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Fullenkamp, Dennis J. 3443 Hancock Bridge Parkway Suite 301 N. Fort Myers, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRAYHORN, MICHAEL M 2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Strayhorn, Michael M 3443 Hancock Bridge Parkway Suite 301 N. Fort Myers, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM
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: 		Date <u>2-4-08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # <u>239-995-4884</u>	