


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90061 040 ****50.00

DOCUMENT # L04000032716		
1. Entity Name I-75 INTERCHANGE, LLC		

Principal Place of Business 13131 UNIVERSITY DRIVE FORT MYERS, FL 33907	Mailing Address 13131 UNIVERSITY DRIVE FORT MYERS, FL 33907
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20051711

2. Principal Place of Business 12800 University Drive	3. Mailing Address 12800 University Drive
Suite, Apt. #, etc. Suite 350	Suite, Apt. #, etc. Suite 350
City & State Fort Myers, FL	City & State Fort Myers, FL
Zip 33907	Country USA

04112005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1059320	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BRYANT, EDWARD R JR. 2663 AIRPORT ROAD SOUTH D-110 NAPLES, FL 34112	
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7. Name and Address of New Registered Agent Name Bolanos Truxton, P.A. Street Address (P.O. Box Number is Not Acceptable) 12800 Univeristy Drive Suite 350 City Fort Myers FL Zip Code 33907	
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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 <u>Craig Stumpf</u> DATE <u>4/27/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TASMAN, GARY L 13131 UNIVERSITY DRIVE FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Tasman, Gary L. 6627 Daniel Court Fort Myers, FL 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TASMAN, KAREN G 13131 UNIVERSITY DRIVE FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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>GARY L. TASMAN</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>April 22, 2005</u> <small>Daytime Phone #</small>