2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000052959

1. Entity Name
INTERMED I, L.L.C.

Principal Place of Business	Mailing Address
11670 ROSEMOUNT DRIVE FORT MYERS, FL 33913	11670 ROSEMOUNT DRIVE FORT MYERS, FL 33913

02132006 No Chg - LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0519312
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SKRIVAN, KENT A ESQ.
C/O LAW OFFICES OF KENT A. SKRIVAN, PLLC
801 LAUREL OAK DRIVE, SUITE 705
NAPLES, FL 34108

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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 _____ DATE
Signature of typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

U00000445279
03/07/06-80037-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FLAHARTY, PATRICK
STREET ADDRESS	11670 ROSEMOUNT DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33913
TITLE	MGR
NAME	FLAHARTY, KRISTEN
STREET ADDRESS	11670 ROSEMOUNT DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33913
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Pat Flaharty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #