

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059156

FILED
Jan 04, 2008
Secretary of State

Entity Name: FULTON PROPERTY ONE, LIMITED LIABILITY COMPANY

Current Principal Place of Business:

12355 SUMMERWOOD DRIVE
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

12355 SUMMERWOOD DRIVE
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 20-1562163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULTON, WARING T
12355 SUMMERWOOD DRIVE
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FULTON, WARING T
Address: 12355 SUMMERWOOD DR
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM () Delete
Name: FULTON, DAVID DR
Address: 1430 KINGSLAKE DR.
City-St-Zip: CANTONMENT, FL 32533

Title: MGRM () Delete
Name: FULTON, CHARLES DR
Address: 16110 BENTWOOD PALMS DR
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM () Delete
Name: FULTON, JILL MRS.
Address: 12355 SUMMERWOOD DR.
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM () Delete
Name: DAVIS, KATHERINE MRS.
Address: 15301 RIVERBY RD
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MRS. JILL FULTON

MGRM

01/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date