

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059156

FILED  
Jan 19, 2009  
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 N FULTON

MGRM

01/19/2009

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