

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060090

FILED
Jan 16, 2008
Secretary of State

Entity Name: SHEFFER PROPERTIES OF FT. MYERS, LLC

Current Principal Place of Business:

4164 FRANCES DR.
DELRAY BEACH, FL 33445

New Principal Place of Business:

2600 COLONIAL BLVD
FT. MYERS, FL 33907

Current Mailing Address:

4164 FRANCES DR.
DELRAY BEACH, FL 33445

New Mailing Address:

2600 COLONIAL BLVD
FT. MYERS, FL 33907

FEI Number: 20-4046971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAILE, SHAW & PFAFFENBERGER, P.A.
11780 U.S. HWY 1, SUITE 300
NORTH PALM BEACH, FL 33408 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: CEO () Delete
Name: SHEFFER, LOREN W CEO
Address: 1045 E. ATLANTIC AVE, SUITE 206
City-St-Zip: DELRAY BEACH, FL 33483

Title: SVP () Delete
Name: FUZIA, NILA SVP
Address: 1045 E. ATLANTIC AVE, SUITE 206
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: SHEFFER, LOREN W CEO
Address: 2600 COLONIAL BLVD
City-St-Zip: FT. MYERS, FL 33907

Title: SVP (X) Change () Addition
Name: FUZIA, NILA SVP
Address: 2600 COLONIAL BLVD
City-St-Zip: FT. MYERS, FL 33907

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: NILA FUZIA

SVP

01/16/2008

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