

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060090

FILED
Jan 07, 2009
Secretary of State

Entity Name: SHEFFER PROPERTIES OF FT. MYERS, LLC

Current Principal Place of Business:

2600 COLONIAL BLVD
FT. MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

2600 COLONIAL BLVD
FT. MYERS, FL 33907

New Mailing Address:

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:

HAILE, SHAW & PFAFFENBERGER, P.A.
660 US HWY 1
NORTH PALM BEACH, FL 33408 US

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:

01/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHEFFER, LOREN W CEO
Address: 4128 FRANCES DRIVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM (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

MGRM

01/07/2009

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