


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90374 016 \*\*\*\*50.00

<b>DOCUMENT # L04000077692</b>	
1. Entity Name <b>360 PROPERTIES LLC</b>	

Principal Place of Business <b>12140 METRO PARKWAY FORT MYERS, FL 33912 US</b>	Mailing Address <b>12140 METRO PARKWAY FORT MYERS, FL 33912 US</b>
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30008070



2. Principal Place of Business <b>12920 METRO PARKWAY</b>	3. Mailing Address <b>12920 METRO PARKWAY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04202005 Chg-LLC CR2E083 (10/03)

City & State <b>FORT MYERS, FL</b>	City & State <b>FORT MYERS, FL</b>
Zip <b>33912</b>	Country <b>USA</b>
Zip <b>33912</b>	Country <b>USA</b>

4. FEI Number <b>20-1810714</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MCLEOD, RODERICK D 2419 EAST MALL DRIVE FORT MYERS, FL 33901</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STEVENS, MICHAEL 12140 METRO PARKWAY FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **MICHAEL STEVENS** **4/25/05** **239-278-4444**  
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #