

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90050 003 ****50.00

20002840



DOCUMENT # L05000016837			
1. Entity Name I-75, LLC			
Principal Place of Business 12651 MCGREGOR BLVD., 4-403 FORT MYERS, FL 33919		Mailing Address 12651 MCGREGOR BLVD., 4-403 FORT MYERS, FL 33919	
2. Principal Place of Business 9250 Corkscrew Rd. Suite, Apt. #, etc. #8		3. Mailing Address Suite, Apt. #, etc. Same	
City & State Estero, FL		City & State	
Zip 33928	Country USA	Zip	Country
6. Name and Address of Current Registered Agent COSTELLO, TRUMAN J ESQUIRE 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Signature, typed or printed name of registered agent and title if applicable.		DATE	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME Stephanie Miller <input type="checkbox"/> Delete STREET ADDRESS 9250 Corkscrew Rd., #8 CITY-ST-ZIP Estero, FL 33928		TITLE MGRM NAME Stephanie Miller <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 9250 Corkscrew Rd., #8 CITY-ST-ZIP Estero, FL 33928	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Stephanie Miller</i>		Date: 1/18/06 Daytime Phone #: 239-277-1515	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			