

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/7/2006-90036-047-\$50.00-\$50.00

DOCUMENT # L05000032921



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:55

1. Entity Name
FORT MYERS LIBERTY, LLC

Principal Place of Business
10 S.E. 1ST AVENUE
2ND FLOOR
DELRAY BEACH, FL 33444

Mailing Address
10 S.E. 1ST AVENUE
2ND FLOOR
DELRAY BEACH, FL 33444

2. Principal Place of Business
103 SE 4th AVE
Suite, Apt. #, etc.
Suite 103

3. Mailing Address
103 SE 4th AVE
Suite, Apt. #, etc.
Suite 103

05102006 Chg-LLC CR2E083 (11/05)

City & State
DeLray Beach, FL

City & State
DeLray Beach, FL

4. FEI Number
32-0146009

Applied For
Not Applicable

Zip
33483

Country
USA

Zip
33483

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNIGHT, JAMES W
10 S.E. 1ST AVENUE
2ND FLOOR
DELRAY BEACH, FL 33444

Name
James W Knight

Street Address (P.O. Box Number is Not Acceptable)
103 SE 4th AVE

Suite 103

City DeLray Beach

FL Zip Code 33483

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, hand or printed name of registered agent and-fee if applicable.

(NOTE: Registered Agent signature required when removing)

9/5/06

DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
DECAPITO, ROGER ☐ Delete
STREET ADDRESS
10 S.E. 1ST AVENUE, 2ND FLOOR
CITY-ST-ZIP
DELRAY BEACH, FL 33444

TITLE
NAME
MGRM
ROGER Decapito ☒ Change ☐ Addition
STREET ADDRESS
103 SE 4th AVE, Suite 103
CITY-ST-ZIP
DeLray Beach, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
MGRM
James W. Knight ☐ Change ☒ Addition
STREET ADDRESS
103 SE 4th AVE, Suite 103
CITY-ST-ZIP
DeLray Beach, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
MGRM
Arturo Scroggie ☐ Change ☒ Addition
STREET ADDRESS
103 SE 4th AVE, Suite 103
CITY-ST-ZIP
DeLray Beach, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
MGRM
Frank Gentile, MGRM ☐ Change ☒ Addition
STREET ADDRESS
103 SE 4th AVE, Suite 103
CITY-ST-ZIP
DeLray Beach, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/5/06