


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L05000039592</b><br>1. Entity Name<br><b>GEAGAN - FORT MYERS, LLC</b> |  |
|---|---|



02152007 No Chg-LLC

CR2E083 (11/05)

|   |   |
|---|---|
| Principal Place of Business<br><b>5998 ASHEVILLE HIGHWAY<br/>HENDERSONVILLE, NC 28791</b> | Mailing Address<br><b>5998 ASHEVILLE HIGHWAY<br/>HENDERSONVILLE, NC 28791</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>20-2774252</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|--|---------------------------------------|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>BOLANOS TRUXTON, P.A.<br/>12800 UNIVERSITY DRIVE, SUITE 350<br/>FT. MYERS, FL 33907</b> |
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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

(NOTE: Registered Agent signature required when reinstating)

000000643041

03/01/07-80071-001 55.00

**Filing Fee is \$50.00  
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>GEAGAN, KEVIN D<br/>5998 ASHEVILLE HIGHWAY<br/>HENDERSONVILLE, NC 28791</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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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:**   
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**2-15-07**

Date

**828-687-7737**

Daytime Phone #