


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90137 018 ***138.75

DOCUMENT # L05000039592		
1. Entity Name GEAGAN - FORT MYERS, LLC		

Principal Place of Business 5998 ASHEVILLE HIGHWAY HENDERSONVILLE, NC 28791	Mailing Address 5998 ASHEVILLE HIGHWAY HENDERSONVILLE, NC 28791
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2. Principal Place of Business - No P.O. Box # 8900 Colonial Center Drive Suite, Apt. #, etc.	3. Mailing Address 8900 Colonial Center Drive Suite, Apt. #, etc.
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City & State Fort Myers, FL	City & State Fort Myers, FL	4. FEI Number 20-2774252	Applied For <input type="checkbox"/> Not Applicable
Zip 33905	Country USA	Zip 33905	Country USA

6. Name and Address of Current Registered Agent BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DRIVE, SUITE 350 FT. 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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GEAGAN, KEVIN D 5998 ASHEVILLE HIGHWAY HENDERSONVILLE, NC 28791 <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 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: *K. Geagan* **2-21-08** **888-687-7737**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #