2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000039595

1. Entity Name SHOTTENKIRK - FORT MYERS, LLC



FILED Jan 22, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1202 DENMARK HILLTOP FORT MADISON, IA 52627 1202 DENMARK HILLTOP FORT MADISON, IA 52627



01152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2774180

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DRIVE, SUITE 350 FT. MYERS, FL 33907

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			I INIS SPACE	
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) DATE				
FILE NOW!!! FEE IS \$138.75 U00000791374 After May 1, 2008 Fee will be \$538.75 01/23/08-80072-017 138.75				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHOTTENKIRK, GREGORY J 1202 DENMARK HILLTOP FORT MADISON, IA 52627			
TITLE NAME STREET ADDRESS CITY-SI-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D	O NOT WRITE	
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TITLE			1	

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:

NAME STREET ADDRESS

IATURE AND TYPED OR PRINTED NAME OF SIGNING MUNAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-17-08

319-758-5992

Daytime Phone #