

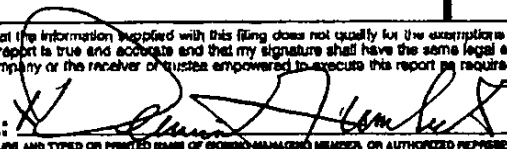
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FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90173 033 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000048377		
1. Entity Name LEEMAR PROPERTIES OF SW FL, LLC		
Principal Place of Business 12204 CHAMPIONSHIP CIRCLE FT. MYERS, FL 33913	Mailing Address 12204 CHAMPIONSHIP CIRCLE FT. MYERS, FL 33913	
DO NOT WRITE IN THIS SPACE		
		40115068  04092007 No Chg-LLC CR2E083 (11/05)
		4. FEI Number 28-0125991 Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent GUMLUCK, DENNIS 12204 CHAMPIONSHIP CIRCLE FT. MYERS, FL 33913		DO NOT WRITE IN THIS 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)		
Filing Fee is \$60.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUMLUCK, DENNIS 12204 CHAMPIONSHIP CIRCLE FT. MYERS, FL 33913	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUTTER, DIANE 12204 CHAMPIONSHIP CIRCLE FT. MYERS, FL 33913	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
10. 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 TYPED OR PRINTED NAME OF BOARD MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dennis Gumlick		4/16/07 239 985-9281 Date Daytime Phone