


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90180 025 \*\*\*\*50.00

<b>DOCUMENT # L05000050017</b>	
1. Entity Name <b>F&amp;M ENTERPRISES OF LEE COUNTY, LLC</b>	

Principal Place of Business <b>5769 BEECHWOOD TRAIL FORT MYERS, FL 33919 US</b>	Mailing Address <b>C/O COSTELLO &amp; ROYSTON P.O. DRAWER 60205 FORT MYERS, FL 33906 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02202006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent	
<b>ROYSTON, ROBERT D JR. COSTELLO &amp; ROYSTON 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907</b>	

7. Name and Address of New Registered Agent	
Name <b>FRANK J. BASILE</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>5769 BEECHWOOD TRAIL</b>	
City <b>FORT MYERS</b>	Zip Code <b>FL 33919</b>

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  **FRANK J. BASILE** DATE **2/21/06**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DREXLER, MARTIN 5769 BEECHWOOD TRAIL FORT MYERS, FL 33919</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BASILE, FRANK 5769 BEECHWOOD TRAIL FORT MYERS, FL 33919</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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:**  **FRANK J. BASILE** DATE **2/21/06** (239) 437-4904  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #