

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056588

**FILED**  
**Mar 23, 2006**  
**Secretary of State**

**Entity Name:** FINK LAND PENSION PLAN, LLC

**Current Principal Place of Business:**

2030 MCGREGOR BVLD.  
FT. MYERS, FL 33901

**New Principal Place of Business:**

2050 MCGREGOR BVLD.  
FT. MYERS, FL 33901

**Current Mailing Address:**

2030 MCGREGOR BVLD.  
FT. MYERS, FL 33901

**New Mailing Address:**

2050 MCGREGOR BVLD.  
FT. MYERS, FL 33901

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FINK, MICHAEL G  
2030 MCGREGOR BVLD.  
FT. MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

FINK, MICHAEL G  
2050 MCGREGOR BVLD.  
FT. MYERS, FL 33901 US

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.

SIGNATURE:

03/23/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FINK, MICHAEL J  
Address: 2030 MCGREGOR BVLD.  
City-St-Zip: FT. MYERS, FL 33901

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FINK, MICHAEL J  
Address: 2050 MCGREGOR BVLD.  
City-St-Zip: FT. MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL FINK

MGR

03/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date