

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90350 027 ****50.00

DOCUMENT # L05000056803 1. Entity Name FT MYERS COMMERCE PARK, LLC					
Principal Place of Business 240 N. WASHINGTON BLVD STE 420 SARASOTA, FL 34236			Mailing Address 10096 RED RUN BLVD #300 OWINGS MILLS, MD 21117		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03292007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 30-0379721				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JODHAN, NICKOLAS 240 N. WASHINGTON BLVD 420 SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name JOEL D. FEDDER Street Address (P.O. Box Number is Not Acceptable) 3590 MISTLETOE LANE City LONGBOAT KEY, FL Zip Code 34228	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to 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 withdrawing)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PHOENIX DEVELOPMENTS LLC 3590 MISTLETOE LANE LONGBOAT KEY, FL 34228	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ 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: <i>Joel D. Fedder</i> JOEL D. FEDDER 4/2/07 4105811400					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT

DOCUMENT # L06000058803			
1. Entity Name FT MYERS COMMERCE PARK, LLO			
Principal Place of Business 230 N. WASHINGTON BLVD STE 420 SARASOTA, FL 34230		Mailing Address 10000 RED HEN BLVD #300 OWENS MILLS, MD 21117	
2. Principal Place of Business - No P.O. Box		3. Mailing Address	
Date, Apt. #, etc.		Date, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Form and Address of Current Registered Agent JODHAN, NICHOLAS 240 N. WASHINGTON BLVD 420 SARASOTA, FL 34230		5. Form and Address of Your Registered Agent Name JOEL D. FEDDER Mailing Address (P.O. Box Number is Not Acceptable) 3590 HUSTLETON LANE LONGBOAT KEY, FL 34628	
6. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in all states of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>Joel D. Fedder</i>		DATE: 4/2/07	
Filing Fee to be paid on Date by May 1, 2007			
7. ADDITIONAL INFORMATION / ADDITIONAL		8. ADDITIONAL INFORMATION	
NAME PHOENIX DEVELOPMENTS LLO 3590 HUSTLETON LANE LONGBOAT KEY, FL 34628	DATE CITY-STATE-ZIP	NAME CITY-STATE-ZIP	DATE CITY-STATE-ZIP
NAME CITY-STATE-ZIP	DATE CITY-STATE-ZIP	NAME CITY-STATE-ZIP	DATE CITY-STATE-ZIP
NAME CITY-STATE-ZIP	DATE CITY-STATE-ZIP	NAME CITY-STATE-ZIP	DATE CITY-STATE-ZIP
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NAME CITY-STATE-ZIP	DATE CITY-STATE-ZIP	NAME CITY-STATE-ZIP	DATE CITY-STATE-ZIP
NAME CITY-STATE-ZIP	DATE CITY-STATE-ZIP	NAME CITY-STATE-ZIP	DATE CITY-STATE-ZIP
9. I hereby certify that the information provided on this form does not conflict with the information provided in Chapter 119, Florida Statutes. I further certify that the information provided on this report is true and accurate and that any changes made to the information provided on this report are reflected on this report. I am a member, manager, or owner of the limited liability company or the partner or limited partner of the partnership and I am not a registered agent or registered agent of the limited liability company.			
SIGNATURE: <i>Joel D. Fedder</i>		DATE: 4/2/07	

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