


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000087023	
1. Entity Name FORT MYERS CORKSCREW LLC	

Principal Place of Business 950 JEFFERSON STREET HOLLYWOOD, FL 33019	Mailing Address 950 JEFFERSON STREET HOLLYWOOD, FL 33019
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DO NOT WRITE IN THIS SPACE	
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01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3415449	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CASTER, STEVEN 950 JEFFERSON ST HOLLYWOOD, FL 33019
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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 _____
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
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASTER, STEVEN D 950 JEFFERSON ST HOLLYWOOD, FL 33019
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02/22/08-80016-018 138.75

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/8/08 3057229400
Date Daytime Phone #