


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90029 027 \*\*\*\*50.00

<b>DOCUMENT # L05000094680</b> 1. Entity Name FLT 03, L.L.C.					
Principal Place of Business 1521 S.W 57TH STREET CAPE CORAL, FL 33914			Mailing Address 1521 S.W 57TH STREET CAPE CORAL, FL 33914		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
01092007    Chg-LLC    CR2E083 (12/06)					
4. FEI Number 20-3598478				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  SCHUTT, DARRIN R ESQ 1105 CAPE CORAL PARKWAY EAST CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name <u>R Tracey Fulmer</u> Street Address (P.O. Box Number is Not Acceptable) <u>1521 SW 57 St</u> City <u>Cape Coral</u> <b>FL</b> Zip Code <u>33914</u>		
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating)    DATE <u>1-9-7</u>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FULMER, TRACEY R 1521 S.W 57TH STREET CAPE CORAL, FL 33914	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FULMER, RANDY R 1521 S.W 57TH STREET CAPE CORAL, FL 33914	<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			
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 <u>[Signature]</u> Date <u>1-9-7</u> Daytime Phone # <u>239-549-2300</u>		