

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90067 042 \*\*\*138.75

DOCUMENT # L05000098287



1. Entity Name  
F.L.E. PARTNERS, LLC

Principal Place of Business  
14421 METROPOLIS AVE., SUITE 101  
FT. MYERS, FL 33912 US

Mailing Address  
14421 METROPOLIS AVE., SUITE 101  
FT. MYERS, FL 33912 US

00003483



2. Principal Place of Business - No P.O. Box #  
14311 Metropolis Ave  
Suite, Apt. #, etc.  
Suite 101

3. Mailing Address  
14311 Metropolis Ave  
Suite, Apt. #, etc.  
Suite 101

01092008 Chg-LLC CR2E083 (12/06)

City & State  
Fort Myers, FL  
Zip  
33912 Country

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Fort Myers, FL  
Zip  
33912 Country

4. FEI Number  
20-3607718

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ENNEN, WILLIAM C  
14421 METROPOLIS AVE., SUITE 101  
FT. MYERS, FL 33912

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 101

City Fort Myers

FL

Zip Code

33912

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

*William C Ennen*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-12-08

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME ENNEN, WILLIAM C  
STREET ADDRESS 14421 METROPOLIS AVE., SUITE 101  
CITY-ST-ZIP FT. MYERS, FL 33912

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME 14311 Metropolis Ave  
STREET ADDRESS Suite 101  
CITY-ST-ZIP Fort Myers, FL 33912

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*William C Ennen*

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

Date

Daytime Phone #

1-12-08 239-454-9154