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Jul 11, 2007 8:00 am
Secretary of State
01-11-2007 90130 017 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L06000051054

1. Entity Name
FT. MYERS DEVELOPERS, LLC

Principal Place of Business	Mailing Address
3195 N. POWERLINE ROAD SUITE 112 POMPANO BEACH, FL 33069 US	3195 N. POWERLINE ROAD SUITE 112 POMPANO BEACH, FL 33069 US

01052007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2501 NW 34TH PLACE		2501 NW 34TH PLACE	
Suite, Apt. #, etc.: STE 32		Suite, Apt. #, etc.: STE 32	
City & State: POMPANO BEACH, FL		City & State: POMPANO BEACH FL	
Zip: 33069-5930	Country: USA	Zip: 33069-1530	Country: USA

4. FEI Number: 20-4887099 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THIRER, MARTIN
2950 WEST CYPRESS CREEK ROAD
SUITE 102
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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	MGRM	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	HAMWAY, JAMES		NAME	2501 NW 34th PLACE, STE. 32	
STREET ADDRESS	3195 N. POWERLINE ROAD, SUITE 112		STREET ADDRESS	POMPANO BEACH, FL 33069-5930	
CITY-ST-ZIP	POMPANO BEACH, FL 33069		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	HAMWAY, CAROLE		NAME	2501 NW 34th PLACE, STE. 32	
STREET ADDRESS	3195 N. POWERLINE ROAD, SUITE 112		STREET ADDRESS	POMPANO BEACH, FL 33069-5930	
CITY-ST-ZIP	POMPANO BEACH, FL 33069		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] JAMES HAMWAY 1-8-7 9549731983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #