## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043211

Entity Name: FD IMMOKALEE LLC

City-St-Zip:

FILED Apr 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

235 N GARDEN AVE 4592 ULMERTON RD CLEARWATER, FL 33755

100

CLEARWATER, FL 33762

**Current Mailing Address: New Mailing Address:** 

4592 ULMERTON RD 235 N GARDEN AVE CLEARWATER, FL 33755

CLEARWATER, FL 33762

FEI Number: 20-8893468 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALKER, JAMES L RUBIN, LESLIE A 235 N GARDEN AVE 4592 ULMERTON RD

CLEARWATER, FL 33755 US 100 CLEARWATER, FL 33762 US

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.

SIGNATURE: LESLIE A. RUBIN 04/27/2009

> Electronic Signature of Registered Agent Date

> > City-St-Zip:

CLEARWATER, FL 33762

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: (X) Change ( ) Addition () Delete **CSC PROPERTIES INC** ENTRUST OF TAMPA BAY LLC Name: Name: Address: 235 N GARDEN AVE Address: 13191 STARKEY RD, STE 9 City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: LARGO, FL 33773

Title: Title: MGRM ( ) Change (X) Addition () Delete Name: Name: NERMINE K. RUBIN FAMILY TRUST Address: Address: 4592 ULMERTON RD. STE 100

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

**MGRM** SIGNATURE: LESLIE A. RUBIN 04/27/2009