2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2009
Secretary of State

DOCUMENT# L07000091757

Entity Name: FLORIDA REALTY PARTNERS FM1, LLC

Current Principal Place of Business:

13121 UNIVERSITY DRIVE
FT. MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

13121 UNIVERSITY DRIVE
FT. MYERS, FL 33907 US

New Mailing Address:

FEI Number: 45-0573848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MURRAY, HUBERT
13121 UNIVERSITY DRIVE
FT. MYERS, FL 33907 US

Name and Address of New Registered Agent:

WOLFF, AMY
13121 UNIVERSITY DRIVE
FT. MYERS, FL 33907 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: AMY WOLFF 07/08/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: AMENDOLA, THOMAS A
Address: 3038 GARDENS BLVD
City-St-Zip: NAPLES, FL 34105 US

Title: MGR ( ) Delete
Name: MURRAY, HUBERT
Address: 8834 BLOOMFIELD
City-St-Zip: SARASOTA, FL 34238 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WOLFF, AMY E
Address: 2828 CARRIAGEDALE ROW
City-St-Zip: LA JOLLA, CA 92037 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: AMY WOLFF MGR 07/08/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date