

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101065

Entity Name: FT. MYERS MCGREGOR, LLC

FILED  
Jan 14, 2009  
Secretary of State

## Current Principal Place of Business:

4215 SOUTHPOINT BLVD. SUITE 215  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

ONE MONARCH PL  
SUITE 1450  
SPRINGFIELD, MA 01144

## Current Mailing Address:

4215 SOUTHPOINT BLVD. SUITE 215  
JACKSONVILLE, FL 32216

## New Mailing Address:

ONE MONARCH PL  
SUITE 1450  
SPRINGFIELD, MA 01144

FEI Number: 26-1180846

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIS, ANDREW  
4215 SOUTHPOINT BLVD. SUITE 215  
JACKSONVILLE, FL 32216 US

## Name and Address of New Registered Agent:

DAVIS, ANDREW  
917 N 1ST ST  
504  
JACKSONVILLE BEACH, FL 32250 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:

01/14/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MR. ( ) Delete  
Name: DAVIS, ANDREW MANAGER  
Address: 4215 SOUTHPOINT BLVD SUITE 215  
City-St-Zip: JACKSONVILLE, FL 32216

## ADDITIONS/CHANGES:

Title: MR. (X) Change ( ) Addition  
Name: DAVIS, ANDREW MANAGER  
Address: 917 N 1ST ST  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: ANDREW DAVIS

MR

01/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date