



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90020 035 *****50.00

DOCUMENT # L95000000078					
1. Entity Name FREDERICKS PLAZA LIMITED COMPANY					
Principal Place of Business % ISLAND REALTY GROUP 703 TARPON BAY RD., SUITE C SANIBAL, FL 33957			Mailing Address % JOHN FREDERICKS 201 ALPINE TRAIL SPARTA, NJ 07871		
2. Principal Place of Business <i>Island Management</i> Suite, Apt. #, etc. <i>P.O. Box 100</i>		3. Mailing Address Suite, Apt. #, etc. 			
City & State <i>Sanibel, FL</i>		City & State 		01062006 Chg-LLC CR2E083 (11/05)	
Zip <i>33957</i>		Country <i>Lee</i>		4. FEI Number 22-3350469	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				App. Ex. Fee Not Applicable	
6. Name and Address of Current Registered Agent FREDERICKS, JOHN W % ISLAND REALTY GROUP 703 TARPON BAY RD., SUITE C SANIBAL, FL 33957 <i>Management 711 Tarpon Bay Rd</i>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREDERICKS, JOHN W 201 ALPINE TRAIL SPARTA, NJ 07871 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREDERICKS, JANE 201 ALPINE TRAIL SPARTA, NJ 07871 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>John Fredericks</i>			4/2/06 239 472 5020		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date State/Zip</small>		