


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90149 028 \*\*\*\*50.00

<b>DOCUMENT # L95000000078</b> 1. Entity Name FREDERICKS PLAZA LIMITED COMPANY	
--	---

Principal Place of Business ISLAND MANAGEMENT P.O. BOX 100 SANIBAL, FL 33957	Mailing Address % JOHN FREDERICKS 201 ALPINE TRAIL SPARTA, NJ 07871
---	--

00004347

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 635 EAST GULF DRIVE # B202
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State SANIBAL, FL
Zip	Country USA



01062007 Chg-LLC CR2E083 (12/06)

4. FEI Number 22-3350469	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FREDERICKS, JOHN W % ISLAND MANAGEMENT 711 TARPON BAY RD SANIBAL, FL 33957	
7. Name and Address of New Registered Agent Name: FREDERICKS, JOHN W Street Address (P.O. Box Number is Not Acceptable): 635 EAST GULF DRIVE # B202 City: SANIBEL FL Zip Code: 33957	

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: John Fredericks JOHN FREDERICKS 1/7/07  
(NOTE: Registered Agent signature required when reinstating)

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 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 635 EAST GULF DRIVE # B202 SANIBEL, FL 33957
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 635 EAST GULF DRIVE # B202 SANIBEL, FL 33957
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
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: John Fredericks JOHN FREDERICKS 1/7/07 239 4726543  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #