

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90123 010 ***138.75

DOCUMENT # L95000000078

1. Entity Name
FREDERICKS PLAZA LIMITED COMPANY



Principal Place of Business

**ISLAND MANAGEMENT
P.O. BOX 100
SANIBAL, FL 33957**

Mailing Address

**C/O JOHB FREDERICKS
635 EAST GULF DR SUITE B202
SANIBEL, FL 33957**

60002917



01052008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3350469

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FREDERICKS, JOHN W
635 EAST GULF DR
SUITE B202
SANIBEL, FL 33957**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
FREDERICKS, JOHN W
635 EAST GULF DR SUITE B202
SANIBEL, FL 33957**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
FREDERICKS, JANE
635 EAST GULF DR SUITE B202
SANIBEL, FL 33957**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/5/08 *239 472 6523*