

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 22 PM 2: 13

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L98000000766

CAPTEC STER FLORIDA LLC
24 FRANK LLOYD WRIGHT DRIVE
LOBBY L, 45TH FLOOR
ANN ARBOR MI 48106-0544

1a. Principal Place of Business Address

24 FRANK LLOYD WRIGHT DRIVE
LOBBY L, 45TH FLOOR
ANN ARBOR MI 48106

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

06/10/1998

FL

Suite, Apt. #, etc

Suite, Apt. #, etc.

4. FEI Number

☐ Applied For

City & State

City & State

58-2408203

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

A.E.C. CO.,
200 SOUTH ORANGE AVENUE
SUNTRUST CENTER, SUITE 2300
ORLANDO FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

600002852886

-04/27/99-01038-018

****188.75 ****188.75

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(DATE)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM

CAPTEC NET LEASE REALT

24 FRANK LLOYD WRIGHT DR,

ANN ARBOR MI

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SECRETARY OR CLERK OF THE SECRETARY

Date

Signature Phone #