

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**May 03, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # L98000003248**

1. Entity Name  
**ML FORT MYERS L.L.C.**



Principal Place of Business  
**9000 S.W. 152ND STREET, SUITE 106  
MIAMI, FL 33157**

Mailing Address  
**9000 S.W. 152ND STREET, SUITE 106  
MIAMI, FL 33157**



01192004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0881427**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**KUBIT, DONALD E  
100 S.E. 2ND STREET, SUITE 1700  
MIAMI, FL 33131**

**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

**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000154067  
05/04/04-80152-011 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	JAPPAH MANAGEMENT L.L.C.
STREET ADDRESS	9000 S.W. 152ND STREET, SUITE 106
CITY-ST-ZIP	MIAMI, FL 33157

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 exemption stated in Section 119.07(3)(i), 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:**

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

Date

Daytime Phone #

4-3004 305-2788400