


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000000352</b> 1. Entity Name F.S.M. OF FORT MYERS, LIMITED LIABILITY COMPANY	
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Principal Place of Business 25435 LOBLOLLY BAY ROAD S.E. LABELLE, FL 33935	Mailing Address 25435 LOBLOLLY BAY ROAD S.E. LABELLE, FL 33935
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**DO NOT WRITE IN THIS SPACE**



03302005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0972586	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  FREEMAN, JEFFREY B 25435 LOBLOLLY BAY ROAD S.E. LABELLE, FL 33935	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRIAN SCOTT HOLDINGS, INC. 25435 LOBLOLLY BAY ROAD S.W. LABELLE, FL 33935
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04/08/05-80076-002 50.00

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: Jeffrey B Freeman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

April 2, 2005 863-675-8489  
Date Daytime Phone #