2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M0000001427

1. Entity Name

4150 FORD STREET, FT. MYERS, FLORIDA, LLC



FILED Jun 13, 2008 08:00 AM Secretary of State

Principal Place of Business

30 BROAD STREET, 31ST FLOOR NEW YORK, NY 10004 Mailing Address

30 BROAD STREET, 31ST FLOOR NEW YORK, NY 10004



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05152008 No Chg-LLC CR2

CR2E083 (12/07)

4. FEI Number 13-4126891 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET ..., TALLAHASSEE, FL 32301-2525

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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.										
SIGN	NATURE Signature, typed or printed name of registered agent as	nd title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE							
	FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		nce with s. 607.193(2)(b), F.S., the limited npany did not receive the prior notice.								
9.	MANAGING MEMBER	RS/MANAGERS									

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 4150 FORD ST., FT. MYERS FLORIDA MM, LLC 30 BROAD STREET, 31ST FLOOR NEW YORK, NY 10004
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>j</i>
I 11 . I hereby (certify that the information supplied with this filiad does not qualify for the ex

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11. I hereby certify that the information supplied with this filled 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 entropy of execute this report as required by Chapter 608, Florida Statutes.

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SIGNATURE AND TYPED OR PRINTED NAME

F SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Dat

Daytime Phone #