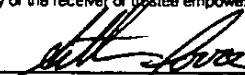


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

04-29-2005 90030 022 ****55.00

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DOCUMENT # M04000001230			
1. Entity Name FMP I, LLC			
Principal Place of Business 1255 CREEKSIDE PARKWAY NAPLES, FL 34108		Mailing Address 1255 CREEKSIDE PARKWAY NAPLES, FL 34108	
2. Principal Place of Business 870 11th AVE N Suite 1 Naples, FL 34108		3. Mailing Address 870 11th AVE N Suite 1 Naples, FL 34108	
4. FEI Number 03252005		Chg-LLC CR2E083 (10/03)	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name: SCHIFFMAN, ALAN T Street Address (P.O. Box Number is Not Acceptable) 1166 DIMOCK LANE City: Naples FL Zip Code: 34110	
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) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM F.M. PROPERTIES I, LLC 1255 CREEKSIDE PARKWAY NAPLES, FL 34108 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	870 11th AVE N Suite 1 Naples, FL 34108 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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:  ARTHUR MOORE CFV		Date: 2/30/05 (204) 597-2666	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	