



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2005 90098 035 ****55.00

DOCUMENT # M04000001231 1. Entity Name FMP II, 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 20-0908019		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		30007268...	
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 Alan Schifferman 870 11th Ave N Suite 1 Naples, FL 34108	
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 releasing) _____ 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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	870 11th Ave N Naples, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 606, Florida Statutes.			
SIGNATURE: 		ARTHUR MOORE, CFO 3/30/05 (239) 597-2661	