2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 23, 2005 8:00 am Secretary of State 05-02-2005 90098 035 ****55.00

DOCU 1. Entity Nar FMP II, L		1231				03-02-200	90098 033	33.00	
•	ce of Business	Mailing Address		-			ባለለለዚላል	Λ.	
NAPLES, FL	KSIDE PARKWAY 34108	1255 CREEKSIDE PARKI NAPLES, FL 34108	1255 CREEKSIDE PARKWAY Naples, Fl 34108			30007268			
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Principal I	Place of Business Aug N	3. Mailing Address The Ave IV							
Suite. Apt	. M. etc. te. 1	Suite, Apt. #, etc.			03252005 Chg-LLC CR2E083 (10/03)				
City & Star	te ,	City & State	E	· 	4. FEI Numb	908019		Applied For	
Zip,	11es FC	Wap les	Country/				CE 00 .	Not Applicable	
34	6. Name and Address of Current F	34(0)	<u>140</u>			of Status Desired d Address of New Re	Fee Requi	red	
000000		registered Agenti	Name	All) A) S	ch: FFL	Aa N	 -	
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Street Address (P.D. Box Nurpher is Not Acceptable)					
TALLAHA	SSEE, FL 32301-2525	5078			1				
			100	<u>۸ ۵</u>	165		FL Zp⊕	80 P	
8. The above	a named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered office	or redistan		oth, in the State of Flori	ida. I am familiar with	n, and accept	
SIGNATURE	· · · · · · · · · · · · · · · · · · ·								
0.0,0,12	Signature, typed or private name of regelered agent at	nd ime if applicable. (NOTE:	Registered Agent sign	eture required	when reviewing)		DATE		
F	iling Fee is \$50.00 tee by May 1, 2005						check payable to Department of Sta	te	
9,	MANAGING MEMBER		10.			ADDITIONS/C			
TITLE NAME	MGRM F.M. PROPERTIES I, LLC	☐ Defete	TITLE NAME		مهاجي .	1 1	Change	☐ Addition }	
STREET ADDRESS CITY-ST-ZIP	1255 CREEKSIDE PARKWAY NAPLES, FL 34108		STREET ADDRESS	X10	2011	AVEN FL 3	41DS		
īm . E		☐ Oelete	TITLE	704	3(00	11-0	Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	ļ <u>.</u>					
TITLE NAME		☐ Delete	TITLE NAME				Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip					Í	
TITLE		☐ Delete	TITLE	 			Change	Addition	
NAME STREET ADDRESS			NAME CIPET ADDOCCE					_	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
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STREET ADDRESS			STREET ADDRESS						
TITLE			CITY-ST-ZIP				<u> </u>		
NAME		☐ Delete	NAME				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					1	
11. I hereby of indicated	I certify that the information supplied with to on this report is true and accurate and the bility company or the receiver or trustee	hat my signature shall have th	ne exemption state same legal effe	ect as if ma	ide under oath	; that I am a managin	urther certify that the ig member or manage	information er of the	
moo Hu							(239)		
SIGNAT	URE: Arth	there	ARTHUR	Hoo	et. LFC	3/30/09	s ` 597-2	rrr	