

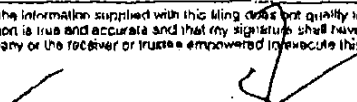
Received
FROM BSR USA

Feb 2
TO

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90112 042 *****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000002073												
1. Entity Name FORT MYERS DEVELOPMENT, LLC												
Principal Place of Business 2180 WEST FIRST STREET #503 C/O DAWN GEYSER, SAXON BUILDING FORT MYERS, FL 33901		Mailing Address 2180 WEST FIRST STREET #503 C/O DAWN GEYSER, SAXON BUILDING FORT MYERS, FL 33901										
2. Principal Place of Business - No P.O. Box # 2220 WEST FIRST STREET Suite, Apt #, etc. C/O DAWN GEYSER City & State FORT MYERS, FL Zip 33901 Country		3. Mailing Address 2220 WEST FIRST STREET Suite, Apt #, etc. C/O DAWN GEYSER City & State FORT MYERS, FL Zip 33901 Country										
		60013733										
												
		01312007 Chg-LLC CR2E093 (12/04)										
		4. FEI Number 59-3802020 ☐ Apply For ☐ Not Applicable										
		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required										
5. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code										
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 Signature (typed or printed name of registered agent and date is acceptable) (MULTIPLE Registered Agent signatures required when substituted) DATE												
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State										
9. MANAGING MEMBERS / MANAGERS												
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">TITLE NAME MGR ONE WEST CONDOS, LLC STREET ADDRESS 2180 WEST FIRST STREET #503 CITY-ST-ZIP FORT MYERS, FL 33901</td><td style="width: 50%; text-align: right;">☒ Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="text-align: right;">☐ Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="text-align: right;">☐ Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="text-align: right;">☐ Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="text-align: right;">☐ Delete</td></tr></table>			TITLE NAME MGR ONE WEST CONDOS, LLC STREET ADDRESS 2180 WEST FIRST STREET #503 CITY-ST-ZIP FORT MYERS, FL 33901	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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10. ADDITIONS / CHANGES												
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 empowered to execute this report as required by Chapter 608, Florida Statutes.												
SIGNATURE:  2.2.07 239-337-												
SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Deponent Printed												

By: BSR FLORIDA MANAGEMENT, INC.

By: KALMAN SUFRIN
its: PRESIDENT