

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005405

FILED
Apr 18, 2007
Secretary of State

Entity Name: FORT MYERS LAND ACQUISITIONS, LLC

Current Principal Place of Business:

TWO ALHAMBRA PLAZA, STE 1101
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

TWO ALHAMBRA PLAZA, STE 1101
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-5542089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ & MARSAL TAX ADVISORY SERVICES, LL
TWO ALHAMBRA PLAZA, STE 1101
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ALVAREZ & MARSAL TAXAND, LLC
TWO ALHAMBRA PLAZA, STE 1101
CORAL GABLES, FL 33134 US

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.

SIGNATURE: ALEJANDRO P. JOYA

04/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FORT MYERS INVESTOR, I, LLC
Address: TWO ALHAMBRA PLAZA, STE 1101
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: FORT MYERS INVESTOR, II, LLC
Address: TWO ALHAMBRA PLAZA, STE 1101
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALEJANDRO P. JOYA

RA

04/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date