

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004354

Entity Name: FT MYERS VA, LLC

FILED
Jan 05, 2010
Secretary of State

Current Principal Place of Business:

7115 ORCHARD LAKE ROAD STE 220
WEST BLOOMFIELD, MI 48322

New Principal Place of Business:

Current Mailing Address:

7115 ORCHARD LAKE ROAD STE 220
WEST BLOOMFIELD, MI 48322

New Mailing Address:

FEI Number: 26-0378745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES INC
2731 EXECUTIVE PARK DRIVE STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ADELSON, ALLAN R
Address: 7115 ORCHARD LAKE ROAD STE 220
City-St-Zip: WEST BLOOMFIELD, MI 48322

Title: MGRM
Name: ERNST, MARKUS M
Address: 7115 ORCHARD LAKE ROAD STE 220
City-St-Zip: WEST BLOOMFIELD, MI 48322

Title: MGRM
Name: ERNST, ROBERT J
Address: 7115 ORCHARD LAKE ROAD STE 220
City-St-Zip: WEST BLOOMFIELD, MI 48322

Title: MGRM
Name: NEFF, JULIE E
Address: 7115 ORCHARD LAKE ROAD STE 220
City-St-Zip: WEST BLOOMFIELD, MI 48322

I hereby 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: AL ADELSON

MEMB

01/05/2010

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