FORM 1	STATEM	ENT OF	2008	
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS				
LAST NAME - FIRST NAME - MIDDLI KIKER MAILING ADDRESS :	LARRY RA	FOR OF USE ON		
6035 ESTEN	es Blub.	·		
FORT MYERS BERCH, 33931 LEC CITY: ZIP: COUNTY: ID LAMA:NA REALTY FABSYN LLC ID NAME OF AGENCY: OWNER/ PRINCIPAL Conf. Code ST NAME OF OFFICE OR POSITION HELD/OR SOUGHT: P. Req. Code ST TOwn Connormal Connormal Streets, if necessary. P. Req. Code ST You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. St St CHECK ONLY IF CANDIDATE NEW EMPLOYEE OR APPOINTEE St				
LAMA.NA REALTY - FABSUN LLC				
NAME OF AGENCY : Conf. Code Ownch / phinciphic Conf. Code NAME OF OFFICE OR POSITION HELD OR SOUGHT : P. Reg. Code				
NAME OF OFFICE OR POSITION HELD'OR SOUGHT:				
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.				
CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE				
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):				
DECEMBER 31, 2008 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:				
MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see				
instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):				
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]				
NAME OF SOURCE SOURCE'S OF INCOME ADDRESS		RCE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
FMBSUN LLC	6035 ESTENO	Blud FMB, FI	REAL ESTATE	
· · · · · · · · · · · · · · · · · · ·				
· · · · · · · · · · · · · · · · · · ·		<u> </u>		
PART B SECONDARY SOURCES O	F INCOME [Major customers, clients,	and other sources of income to	businesses owned by the reporting person]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
Town CONCIL	GOUT, TOWN OF	MB BRM	BLQ GOUT	
		· · · · · · · · · · · · · · · · · · ·		
PART C REAL PROPERTY [Land, buildings owned by the reporting person] FILING INSTRUCTIONS for when				
(0035 ESTERD BLUD, Four Mycn Benet F/ ed at the bottom of page 2.				
22921 INSTRUCTIONS on who must			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.	
	······································		OTHER FORMS you may need to file are described on page 6.	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE [BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
IRA'S ONLY	· · ·		
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS OF CREDITOR		
LIBERTY BARK	BONITA BEAKH ROAD		
BUNITA SPENNES FI			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]			
BUSINESS ENT	ITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3		
BUSINESS ENTITY D LAHAN RO	Acory, FABSUNCCC		
	TENO BIND, FAB FI. 33931		
PRINCIPAL BUSINESS ACTIVITY REAL EST	WIE		
POSITION HELD WITH ENTITY PLINCIPAL			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS 50%			
NATURE OF MY OWNERSHIP INTEREST MANAGEM	Ens.		
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE			
	DATE SIGNED (required): 5/19/09		
FILING INSTRUCTIONS:			
WHAT TO FILE: WHERE TO FILE: WHEN TO FILE: After completing all parts of this form, including If you were mailed the form by the Commission Initially, each local officer/employee, state			

signing and dating it, send back only the first

sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

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