2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2007

DOCUMENT # A0300001482

1. Entity Name ADM FAMILY, LTD.



Principal Place of Business 3300 PHILIPS HIGHWAY JACKSONVILLE, FL 32207 Mailing Address PO BOX 5369

JACKSONVILLE, FL 32247

FILED Apr 23, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

04012007 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-0371659

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGEHEE, F. SUTTON JR 3300 PHILIPS HIGHWAY JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

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 title if applicable.		
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.		
12.	GENERAL PARTNER INFORMATION	U00000727516
DOCUMENT #	L03000033239	05/04/07-80049-021 500.00
NAME	FSM, LLC	
STREET ADDRESS	3300 PHILIPS HIGHWAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		•
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		
DOCUMENT #		IN THIS SPACE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 General Partner of the limited partnership or the receiver or trustee employered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #

CHECK NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

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