

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90124 029 ****50.00

DOCUMENT # L00000006819

1. Entity Name
FMW HOLDINGS, L.L.C.



Principal Place of Business
1603 WILDCAT COURT
WINTER SPRINGS, FL 32708

Mailing Address
1603 WILDCAT COURT
WINTER SPRINGS, FL 32708

24063172



04292004 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3688578
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HASTINGS, LAWRENCE P
1603 WILDCAT COURT
WINTER SPRINGS, FL 32708

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME JP MCDONALD HOLDINGS, LLC ☐ Delete
STREET ADDRESS 358 FOX HILL DRIVE
CITY-ST-ZIP DEBARY, FL 32713

TITLE MGRM
NAME LN HASTINGS, LLC ☐ Delete
STREET ADDRESS 1603 WILDCAT COURT
CITY-ST-ZIP WINTER SPRINGS, FL 327083854

TITLE MGRM
NAME FORD, FRANK A ☐ Delete
STREET ADDRESS 145 E RICK AVE
CITY-ST-ZIP DELAND, FL 32724

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☒ Change ☐ Addition
NAME FRANK A. FORD, TRUSTEE for FORD GROUP FOUR
STREET ADDRESS P.O. Box 457
CITY-ST-ZIP DELAND, FL 32721-0457

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lawrence P. Hastings, Jr.* 4/29/04 407-365-4718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #