2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State
03-09-2007 90133 027 ****50.00

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1. Entity Name
FLORIDA EMPLOYEE MANAGEMENT, L.L.C.

Principal Place of Business	Mailing Address
8841 COLLEGE PKWY. SUITE 102 FT MYERS, FL 33919	8841 COLLEGE PKWY. SUITE 102 FT MYERS, FL 33919

01112007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8695 College Pkwy	P.O. Box 07009
Suite, Apt. #, etc. Suite 222	Suite, Apt. #, etc. ~~Fort Myers~~
City & State Fort Myers, FL	City & State Fort Myers, FL
Zip 33919 Country USA	Zip 33919 Country USA

4. FEI Number 65-1107735 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITLOCK, ROBERT H ~~8841 COLLEGE PARKWAY~~ ~~# 102~~ FT MYERS, FL 33919	Name Robert H. Whitlock Street Address (P.O. Box Number is Not Acceptable) 8695 College Parkway # 222 City Fort Myers FL Zip Code 33919

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] 1/11/07
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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITLOCK, ROBERT H ~~8841 COLLEGE PKWY., SUITE 102~~ FORT MYERS, FL 33919 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8695 College Parkway #222 Fort Myers, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITLOCK, LAURA BETH ~~8841 COLLEGE PKWY., SUITE 102~~ FORT MYERS, FL 33919 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 8695 College Parkway # 222 Fort Myers, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 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: [signature], Robert H Whitlock 1/11/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #