

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019007

Entity Name: CMS, LLC

FILED
Mar 07, 2005
Secretary of State

Current Principal Place of Business:

3020 HARTLEY ROAD
SUITE 100
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

3020 HARTLEY ROAD
SUITE 100
JACKSONVILLE, FL 32257 US

New Mailing Address:

FEI Number: 59-3755557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWTON, CLIFFORD B
10192 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32257 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/MEMBERS:

Title: MGR () Delete
Name: HINSON, DONALD P PRES
Address: 3020 HARTLEY RD., STE 100
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM () Delete
Name: WILSON, ERIK H V PRES
Address: 3020 HARTLEY ROAD SUITE 100
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGRM () Delete
Name: COX, ELINORE C S
Address: 3020 HARTLEY ROAD SUITE 100
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELINORE C. COX

MGRM

03/07/2005

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