

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 23, 2007  
Secretary of State**

DOCUMENT# L01000019231

Entity Name: FMC TAMPA, LLC

**Current Principal Place of Business:**

38135 MARKET SQUARE  
ZEPHYRHILLS, FL 33542

**New Principal Place of Business:**

**Current Mailing Address:**

38135 MARKET SQUARE  
ZEPHYRHILLS, FL 33542

**New Mailing Address:**

FEI Number: 59-3760167      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MARQUARDT, EMIL C JR.  
625 COURT STREET  
SUITE 200  
CLEARWATER, FL 33756 US

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/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: DELATORRE, JOE  
Address: 38135 MARKET SQUARE  
City-St-Zip: ZEPHYRHILLS, FL 33542

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

Title: MGR ( ) Delete  
Name: CUFFE, COLLEEN  
Address: 38135 MARKET SQUARE  
City-St-Zip: ZEPHYRHILLS, FL 33542

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOE DELATORRE

MGRM

05/23/2007

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