

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90353 005 ****50.00

DOCUMENT # L02000007608 1. Entity Name FMG PROPERTY MANAGEMENT, LLC					
Principal Place of Business 105 TOMOKA BLVD. LAKE PLACID, FL 33852			Mailing Address 105 TOMOKA BLVD. LAKE PLACID, FL 33852		
2. Principal Place of Business 105 TOMOKA BLVD. S.		3. Mailing Address 105 TOMOKA BLVD. S.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-0825263			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent CAMPBELL, RICHARD A 105 TOMOKA BLVD. LAKE PLACID, FL 33852			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 105 TOMOKA BLVD S. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, RICHARD A M.D.		NAME	105 TOMOKA BLVD S.	
STREET ADDRESS	105 TOMOKA BLVD.		STREET ADDRESS	105 TOMOKA BLVD S.	
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP	105 TOMOKA BLVD S.	
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORREDERA, WILFRED M.D.		NAME	CORREDERA, WILFREDO, MD	
STREET ADDRESS	105 TOMOKA BLVD.		STREET ADDRESS	105 TOMOKA BLVD S.	
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP	105 TOMOKA BLVD S.	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____			3-7-06 863-465-7010		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE					