

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016034

Entity Name: FMB-FL DEVELOPMENTS LLC

FILED  
May 25, 2006  
Secretary of State

## Current Principal Place of Business:

7300 S. 13TH ST.  
SUITE 101  
OAK CREEK, WI 53154

## New Principal Place of Business:

7300 S 13TH ST  
STE 101  
OAK CREEK, WI 53154

## Current Mailing Address:

7300 S. 13TH ST.  
SUITE 101  
OAK CREEK, WI 53154

## New Mailing Address:

7300 S 13TH ST  
STE 101  
OAK CREEK, WI 53154

FEI Number: 37-1434551      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:

DILWORTH, MICHAEL H  
2550 ESTERO BLVD  
#12  
FORT MYERS BEACH, FL 33931 US

## Name and Address of New Registered Agent:

DILWORTH, MICHAEL H  
7300 S 13TH ST  
STE 101  
OAK CREEK, FL 53154 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:

05/25/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DILWORTH, MICHAEL H  
Address: 7300 S 13TH ST. #101  
City-St-Zip: OAK CREEK, WI 53154

## ADDITIONS/CHANGES:

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 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: MICHAEL H. DILWORTH

MGRM

05/25/2006

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