

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000018806
 1. Entity Name
 FM ENTERPRISES LLC



Principal Place of Business Mailing Address
 4435A GUNN HWY 15123 NATUREWALK DR
 TAMPA, FL 33624 US TAMPA, FL 33624 US



01072004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FCI Number 37-1437918 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent
 MARINO, FRANK J JR.
 15123 NATUREWALK DR
 TAMPA, FL 33624

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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 required when name of registered agent and the filer appear. (N/A) for Registered Agent signature required when applicable) DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY ST ZIP | MGR MARINO, MELINDA 15123 NATUREWALK DR TAMPA, FL 33624 |
| TITLE NAME STREET ADDRESS CITY ST ZIP | |

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 01/22/04-80021-013 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* 1-8-04 813-961-9096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Distinguishing Phone #