

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90058 032 \*\*\*\*50.00

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # L02000018806</b>   |  |   |   |  |  |
| <b>1. Entity Name</b><br>FM ENTERPRISES LLC  |  |   |   |  |  |
| <b>Principal Place of Business</b><br>4435A GUNN HWY<br>TAMPA, FL 33624 US   |  |   | <b>Mailing Address</b><br>15123 NATUREWALK DR<br>TAMPA, FL 33624 US   |  |  |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b>                                   |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |  |  |
| City & State   |  | City & State  |   | <b>4. FEI Number</b><br>37-1437918   |  |
| Zip  |  | Country   |   | Applied For<br>Not Applicable  |  |
| Zip  |  | Country   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>MARINO, FRANK J JR.<br>15123 NATUREWALK DR<br>TAMPA, FL 33624  |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name <u>FRANK J MARINO JR.</u><br>Street Address (P.O. Box Number is Not Acceptable)<br>4435a Gunn Hwy.<br>City <u>Tampa, Florida</u> <u>FL</u> Zip Code <u>33618</u> |  |  |
| <b>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.</b>   |  |   |   |  |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |   |  |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2005</b>  |  | Make check payable to<br><b>Florida Department of State</b> |   | _____  |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>  |  |   | <b>10. ADDITIONS / CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>MARINO, MELINDA<br>15123 NATUREWALK DR<br>TAMPA, FL 33624 | <input checked="" type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>Frank J Marino Jr.<br>15123 Naturewalk Drive<br>Tampa, FL 33624                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | _____  | <input type="checkbox"/> Delete                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | _____  | <input type="checkbox"/> Delete                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | _____  | <input type="checkbox"/> Delete                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | _____  | <input type="checkbox"/> Delete                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>11. I hereby certify that the information supplied with this filing does not qualify 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 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.</b> |  |   |   |  |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |   |   |  |  |
| Date _____   |  |   |   | Daytime Phone # _____  |  |