

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90037 045 ****50.00

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01052008 Chg-LLC CR2E083 (11/05)

DOCUMENT # L02000018806 1. Entity Name FM ENTERPRISES LLC					
Principal Place of Business 4435A GUNN HWY TAMPA, FL 33624 US			Mailing Address 15123 NATUREWALK DR TAMPA, FL 33624 US		
2. Principal Place of Business 4435 Gunn Highway Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Tampa, FL 33618		City & State		4. FEI Number 37-1437918	
Zip 33618		Country USA		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. 4435A GUNN HIGHWAY TAMPA, FL 33618				7. Name and Address of New Registered Agent Name Marino, Frank J JR. Street Address (P.O. Box Number is Not Acceptable) 4435 Gunn Highway City Tampa FL Zip Code 33618	
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: DATE: 1-6-06 <small>Signature typed or printed name of registered agent applicable if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR MARINO, FRANK J JR 15123 NATUREWALK DRIVE TAMPA, FL 33624 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				<small>Date</small> _____ <small>Daytime Phone #</small> _____	