

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 07, 2004 8:00 am
Secretary of State

5/11

05-10-2004 90014 014 ****50.00

DOCUMENT # L02000024609

1. Entity Name

FMF INVESTMENTS L.L.C.



Principal Place of Business

5948 MIRROR LAKE ROAD
SARASOTA FL 34238

Mailing Address

5948 MIRROR LAKE ROAD
SARASOTA FL 34238

2. Principal Place of Business

2760 JAY Place

Suite, Apt. #, etc.

3. Mailing Address

2760 JAY Place

Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

Sarasota FL

Zip

34235

Country

US

City & State

Sarasota FL

Zip

34235

Country

US

4. FEI Number

05-0528330

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KELLY, MARK

5948 MIRROR LAKE ROAD
SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name

Mark C. Kelly

Street Address (P.O. Box Number is Not Acceptable)

2760 JAY Place

City

Sarasota

FL

Zip Code

34235

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete

MGRM
KELLY, MARK C
5948 MIRROR LAKE RD
SARASOTA FL 34238

TITLE NAME ☐ Delete

Additional Managing Member
Debra A. Kelly
2760 JAY Place
SARASOTA, FL 34235

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☒ Change ☐ Addition

MGRM
Mark C. Kelly
2760 JAY Place
SARASOTA, FL 34235

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-8-04