

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000033157

FILED
Jun 19, 2008
Secretary of State

Entity Name: DESA FMI, LLC

Current Principal Place of Business:

2701 INDUSTRIAL DRIVE
BOWLING GREEN, KY 42101

New Principal Place of Business:

1001 BRICKELL BAY DRIVE
27TH FLOOR
MIAMI, FL 33131

Current Mailing Address:

2701 INDUSTRIAL DRIVE
BOWLING GREEN, KY 42101

New Mailing Address:

FEI Number: 04-3728146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: HANEMAN, CHARLES
Address: 2701 INDUSTRIAL DRIVE
City-St-Zip: BOWLING GREEN, KY 42101

Title: VP () Delete
Name: STOKES, RICKY
Address: 2701 INDUSTRIAL DRIVE
City-St-Zip: BOWLING GREEN, KY 42101

Title: CEO () Delete
Name: BRIGGS, MIKE
Address: 2701 INDUSTRIAL DRIVE
City-St-Zip: BOWLING GREEN, KY 42101

Title: VPCF () Delete
Name: LEHMANN, PAUL
Address: 2701 INDUSTRIAL DRIVE
City-St-Zip: BOWLING GREEN, KY 42101

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ANGELA ALDRIDGE

DIR

06/19/2008

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