

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90134 046 ****50.00

DOCUMENT # L02000034078

1. Entity Name
FMCREH-PALM COAST, LLC



Principal Place of Business
**25 PINE CONE DR
4
PALM COAST, FL 32164**

Mailing Address
**PO BOX 354526
PALM COAST, FL 32135**

DO NOT WRITE IN THIS SPACE



01062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CANTANNO, FRANK M
25 PINE CONE DRIVE
STE 4
PALM COAST, FL 32164**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE **P**
NAME **CANTANNO, FRANK M**
STREET ADDRESS **26 WEST CEDAR LANE**
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE **S**
NAME **CANTANNO, SHARON**
STREET ADDRESS **26 WEST CEDAR LANE**
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

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

1/17/06

Date

386 445 7701

Daytime Phone #