2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000034078

1. Entity Name

FMCREH-PALM COAST, LLC



Principal Place of Business

cipal Place of Business Ivialing

25 PINE CONE DR

PALM COAST, FL 32164

Mailing Address

PO BOX 354526 PALM COAST, FL 32135

60002603



FILED Jan 22, 2008 8:00 am

Secretary of State

01-22-2008 90117 024 ***138.75

01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	$ \top$	Applied For	
NOT AFFEIGABLE		Not Applicable	
5. Certificate of Status Desired		5.00 Additional	

DO NOT WRITE IN THIS SPACE

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 i	its registered office o	r 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 reinstation)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

3	MANAGING WEMBERS/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		
INTLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TOLE			
NAME			
STREET ADDRESS			
CHTY-ST-ZIP			
THILE			
NAME			
STREET ADDRESS			
CITY-SI-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11 I bereful certify that the information supplied with this filing done not qualify for the ex-			

DO NOT WRITE 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 empewered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Date

Daytime Phone #