


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000003083 1. Entity Name FMCREH - JACKSONVILLE, LLC	
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Principal Place of Business 25 PINE CONE DR S., #4 PALM COAST, FL 32164	Mailing Address P.O. BOX 354526 PALM COAST, FL 32135
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DO NOT WRITE IN THIS SPACE



01032007No Chg-LLC CR2E083 (11/05)

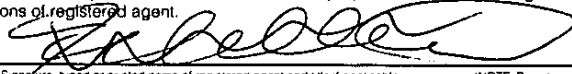
4. FEI Number 51-0443405	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CANTANNO, FRANK
 26 WEST CEDAR LANE
 PALM COAST, FL 32164

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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: 1/23/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)


Filing Fee is \$50.00 Due by May 1, 2007

U00000602812
 01/26/07-80102-019 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CANTANNO, FRANK 26 WEST CEDAR LANE PALM COAST, FL 32164
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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:  DATE: 1/23/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #