

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013563

Entity Name: F & CM, LLC

FILED
Mar 22, 2007
Secretary of State

Current Principal Place of Business:

2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

New Principal Place of Business:

8470 ENTERPRISE CIRCLE
SUITE 201
BRADENTON, FL 34202 US

Current Mailing Address:

2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

New Mailing Address:

8470 ENTERPRISE CIRCLE
SUITE 201
BRADENTON, FL 34202 US

FEI Number: 20-0886014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFLUGNER, J. GEFREY
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

PFLUGNER, J. GEFREY
8470 ENTERPRISE CIRCLE
SUITE 201
BRADENTON, FL 34202 US

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: J GEOFFREY PFLUGNER

03/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MASCI, FERNANDO
Address: 22 WATTS STREET, APT 7
City-St-Zip: NEW YORK, NY 10013

Title: MGR () Delete
Name: MASCI, COLUMBA
Address: 22 WATTS STREET, APT 7
City-St-Zip: NEW YORK, NY 10013

ADDITIONS/CHANGES:

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 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: FERNANDO MASCI

MGR

03/22/2007

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