

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013572

Entity Name: CMS ENTERPRISES, LLC

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

1430 ROYAL PALM SQUARE BOULEVARD STE. 105
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

1430 ROYAL PALM SQUARE BOULEVARD STE. 105
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 04-3754520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOOREY, SCOTT T
1430 ROYAL PALM SQUARE BOULEVARD STE. 105
FORT MYERS, FL 33919 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/MEMBERS:

Title: MGRM () Delete
Name: MOOREY, SCOTT T
Address: 14150 MCGREGOR BOULEVARD
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM () Delete
Name: CLAYPOOL, CHRISTOPHER C
Address: 14370 MCGREGOR BOULEVARD
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM () Delete
Name: RAMSEY, MATTHEW B
Address: 1015 N. WATERWAY DRIVE
City-St-Zip: FORT MYERS, FL 33919

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHRISTOPHER CLAYPOOL

MNG

04/29/2005

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