

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000013572 1. Entity Name CMS ENTERPRISES, LLC	
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Principal Place of Business 1430 ROYAL PALM SQUARE BOULEVARD SUITE 101 FORT MYERS, FL 33919	Mailing Address 1430 ROYAL PALM SQUARE BOULEVARD SUITE 101 FORT MYERS, FL 33919
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01082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3754520	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MOOREY, SCOTT T 1430 ROYAL PALM SQUARE BOULEVARD ? SUITE 101 FORT MYERS, FL 33919

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.

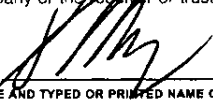
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing)	DATE _____
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FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOOREY, SCOTT T 14150 MCGREGOR BOULEVARD FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLAYPOOL, CHRISTOPHER C 14370 MCGREGOR BOULEVARD FORT MYERS, FL 33919
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U000000773680 01/11/08-80048-012-138.75 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 partner or trustee empowered to execute this report as required by Chapter 6C

SIGNATURE: 	SCOTT T. MOOREY	DATE  1-9-08	(239) 275-5552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #