2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L03000013572

1. Entity Name
CMS ENTERPRISES, LLC

Principal Place of Business	Mailing Address
1430 ROYAL PALM SQUARE BOULEVARD SUITE 101 FORT MYERS, FL 33919	1430 ROYAL PALM SQUARE BOULEVARD SUITE 101 FORT MYERS, FL 33919

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

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MOOREY, SCOTT T
STREET ADDRESS	14150 MCGREGOR BOULEVARD
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	MGRM
NAME	CLAYPOOL, CHRISTOPHER C
STREET ADDRESS	14370 MCGREGOR BOULEVARD
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000279690
01/11/08-80048-012 138.75

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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 60

DATE

SIGNATURE: _____ SCOTT T. MOOREY 1-9-08 (239) 275-5552

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