

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032198

Entity Name: FLM HOLDINGS, LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

16007 N. FLORIDA AVE.
TAMPA, FL 33613

New Principal Place of Business:

16007 N. FLORIDA AVE.
LUTZ, FL 33549

Current Mailing Address:

16007 N. FLORIDA AVE.
TAMPA, FL 33613

New Mailing Address:

16007 N. FLORIDA AVE.
LUTZ, FL 33549

FEI Number: 20-0183462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.
ATTN: R. ALAN HIGBEE
501 E. KENNEDY BLVD, STE 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

SCOTSON, RONALD B
16007 N FLORIDA AVE
LUTZ, FL 33549 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: RONALD B SCOTSON

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HIGBEE, R. ALAN
Address: 501 E. KENNEDY BLVD., SUITE 1700
City-St-Zip: TAMPA, FL 33602

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MORSANI, FRANK L
Address: 16007 N FLORIDA AVE
City-St-Zip: LUTZ, FL 33549

Title: MGRM () Change (X) Addition
Name: MORSANI FAMILY RECEP, TACLE TRUST
Address: 16007 N FLORIDA AVE
City-St-Zip: LUTZ, FL 33549

I hereby certify that the information supplied with this filing does not qualify 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: FRANK L MORSANI

MGRM

04/30/2007

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