


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000033239</b> 1. Entity Name FSM, LLC	
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Principal Place of Business 3300 PHILIPS HIGHWAY JACKSONVILLE, FL 32207	Mailing Address PO BOX 5369 JACKSONVILLE, FL 32247
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**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0370547	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  MCGEHEE, F SUTTON JR 3300 PHILIPS HIGHWAY JACKSONVILLE, FL 32207
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**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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCGEHEE, F. SUTTON JR. 3300 PHILIPS HWY JACKSONVILLE, FL 32207
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U00000532310  
05/06/06-80071-023 50.00

**DO NOT WRITE  
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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 608, Florida Statutes.

SIGNATURE: F. Sutton McGehee Jr. F. Sutton McGehee Jr. Managing Member 4-5-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Days/hrs Phone #

(904)  
348-  
3300