

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000045735**

1. Entity Name  
**F M N PROPERTIES, LLC**



Principal Place of Business

**3501 CORTEZ ROAD WEST  
BRADENTON, FL 34210**

Mailing Address

**1108 81 STREET NW  
BRADENTON, FL 34209**



04112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**20-0386016**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MARCIALES, WERTHER R  
3501 CORTEZ ROAD WEST  
BRADENTON, FL 34210**

**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

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

U00000946924  
05/30/08-80069-007 138.75

**9. MANAGING MEMBERS/MANAGERS**

|                                                |                                                                              |
|------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MARCIALES, WERTHER R<br>3501 CORTEZ ROAD WEST<br>BRADENTON, FL 34210 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>FIUMARA, EDGARDO<br>3501 CORTEZ ROAD WEST<br>BRADENTON, FL 34210     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>NELSON, JEFF<br>3501 CORTEZ ROAD WEST<br>BRADENTON, FL 34210         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                              |

**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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/30/08