

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90202 014 ****61.25



DOCUMENT # L03000050920

1. Entity Name
FUMC PROPERTIES, LLC

Principal Place of Business Mailing Address
 104 S PINEAPPLE AVE 104 S PINEAPPLE AVE
 SARASOTA, FL 34236 US SARASOTA, FL 34236 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02142006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
 59-0637841 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required



6. Name and Address of Current Registered Agent

JOHNSON, DAVID A
 6426 ADDINGTON PLACE
 BRADENTON, FL 34201

7. Name and Address of New Registered Agent

Name **Ralph Young**

Street Address (P.O. Box Number is Not Acceptable)
 3268 Duncan Avenue

City **Sarasota, FL** Zip Code **34239-6601**

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: Ralph O. Young DATE: 2-23-06

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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP JOHNSON, DAVID A 6426 ADDINGTON PLACE UNIVERSITY PARK, FL 342012225 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP HILL, CHARLES 1332 S LAKE SHORE DRIVE SARASOTA, FL 34231 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS GABE, FRANK G 3901 STABLE LANE SARASOTA, FL 34235 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT EDENS, EDITH 3435 FOX RUN ROAD APT 156 SARASOTA, FL 34231 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS / CHANGES

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D Ralph Young 3268 Duncan Avenue Sarasota, FL 34239-6601 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/D Larry Houston 522 Benjamin Lane Sarasota, FL 34233 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D Jocelyn Garber 775 Tyler Drive Sarasota, FL 34236-2105 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D Jerry Francis 888 Blvd of the Arts, # 506 Sarasota, FL 34236 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Ralph O. Young DATE: 2-23-06 DAYTIME PHONE #: 941-955-0935

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