2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L04000000236

Entity Name: FLORIDA CMS LLC

Current Principal Place of Business:

1590 ISLAND LANE
STE 28
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

1590 ISLAND LANE
STE 28
ORANGE PARK, FL 32003

New Mailing Address:

FEI Number: 20-0634070 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, WILLIAM L JR.
1590 ISLAND LANE
STE 26
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: O'CONNOR, JOHN W
Address: 1590 ISLAND LANE, STE. 28
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN W OCONNOR MGRM 04/29/2005

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