


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000000236
 1. Entity Name
FLORIDA CMS LLC



Principal Place of Business 1590 ISLAND LANE STE 28 ORANGE PARK, FL 32003	Mailing Address 1590 ISLAND LANE STE 28 ORANGE PARK, FL 32003
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DO NOT WRITE IN THIS SPACE



04132006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0634070	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

THOMPSON, WILLIAM L JR. *John W. O'Connor*
 1590 ISLAND LANE
 STE 28
 ORANGE PARK, FL 32003

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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 *J.W.O.* *John W. O'Connor* 4/14/06
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 O'CONNOR, JOHN W 1590 ISLAND LANE, STE. 28 ORANGE PARK, FL 32003
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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: *J.W.O.* *MANAGER* 4/14/06 *904/215-7575*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #