


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90249 044 ****50.00

DOCUMENT # L04000000236 1. Entity Name FLORIDA CMS LLC	
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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



03162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0634070	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMPSON, WILLIAM L JR. <i>John W. O'Connor</i> 1590 ISLAND LANE STE 28 <i>28</i> ORANGE PARK, FL 32003
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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: *John W. O'Connor* *John W. O'Connor* *4/3/07*

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, 2007**

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: *John W. O'Connor* *John W. O'Connor* *Mgr.* *4/3/07* *904/215-7575*

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