

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008631

FILED
Apr 30, 2005
Secretary of State

Entity Name: FLORIDA MOBILE CONCESSIONS, LLC

Current Principal Place of Business:

9963 COUNTRY OAKS DR.
FT. MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

9963 COUNTRY OAKS DR.
FT. MYERS, FL 33912

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SABA, JOHN M
9963 COUNTRY OAKS DR.
FT. MYERS, FL 33912 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: SABA, JOHN M
Address: 9963 COUNTRY OAKS DR.
City-St-Zip: FT. MYERS, FL 33912

Title: MGRM () Delete
Name: SABA, SUSIE R
Address: 9963 COUNTRY OAKS DR.
City-St-Zip: FT. MYERS, FL 33912

ADDITIONS/CHANGES:

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

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 M. SABA

MGRM

04/30/2005

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