

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000014995

Entity Name: FMM ASSOCIATES, LLC

**FILED**  
**Jul 05, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

4769 STONEVIEW CIRCLE  
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

**Current Mailing Address:**

4769 STONEVIEW CIRCLE  
OLDSMAR, FL 34677 US

**New Mailing Address:**

FEI Number: 35-2226330      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MONTEMURRO, FRANK  
4769 STONEVIEW CIRCLE  
OLDSMAR, FL 34677 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MONTEMURRO, FRANK  
Address: 4769 STONEVIEW CIRCLE  
City-St-Zip: OLDSMAR, FL 34677 US

**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: FRANK M. MONTEMURRO

PRES

07/05/2005

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