


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90017 002 ****55.00

DOCUMENT # L04000026392		
1. Entity Name F.M.S. MARKETING GROUP LLC		

Principal Place of Business 2118 WINDING OAKS DR. PALM HARBOR, FL 34683 US	Mailing Address 2118 WINDING OAKS DR. PALM HARBOR, FL 34683 US
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2. Principal Place of Business 11602 Innfields Drive Suite, Apt. #, etc.	3. Mailing Address 11602 Innfields Drive Suite, Apt. #, etc.
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City & State Odessa, Florida	City & State Odessa, Florida
Zip 33556	Zip 33556
Country USA	Country USA



04062005 Chg-LLC CR2E083 (10/03)

4. FEI Number 41 2133519	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent POLLIO, FRANK 2118 WINDING OAKS DR. PALM HARBOR, FL 34683	7. Name and Address of New Registered Agent Name Pollio Frank Street Address (P.O. Box Number is Not Acceptable) 11602 Innfields Drive City Odessa FL Zip Code 33556
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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.

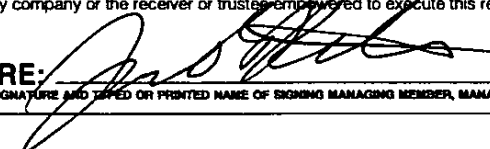
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POLLIO, FRANK 2118 WINDING OAKS DR. PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POLLIO, FRANK 11602 Innfields Drive Odessa, Florida 33556 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #