


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90018 007 ****50.00

DOCUMENT # L04000049717

1. Entity Name
FMS ASSOC., LLC



Principal Place of Business Mailing Address
200 MACFAR LANE DR. #502 **200 MACFAR LANE DR. #502**
DEL RAY BEACH, FL 33483 **DEL RAY BEACH, FL 33483**

20063401



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07052005 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
51-0517395 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

BARKER, JOHN W
115 CORPORATION WAY, C
VENICE, FL 34293

7. Name and Address of New Registered Agent

Name **ALAN Schlossberg**

Street Address (P.O. Box Number is Not Acceptable)

200 MACFARLANE DRIVE apt 502

City **Delray Beach** FL Zip Code **33483**

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: *Alan Schlossberg - MGRM* DATE: **7/9/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHLOSSBERG, JOY MAZUR 200 MACFAR LANE DR. #502 DEL RAY BEACH, FL 33483 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHLOSSBERG, ALLAN 200 MACFAR LANE DR. #502 DEL RAY BEACH, FL 33483 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIEDMAN, ALLAN 200 MACFAR LANE DR. #502 DEL RAY BEACH, FL 33483 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIEDMAN, ARNA 200 MACFAR LANE DR. #502 DEL RAY BEACH, FL 33483 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Schlossberg, ALAN 200 MACFARLANE Drive 502 Delray Beach FL 33483 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Alan Schlossberg* Date: **7/9/05** Daytime Phone #: **561-274-8556**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE