

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90292 033 \*\*\*\*55.00

DOCUMENT # L04000049717

1. Entity Name

FMS ASSOC., LLC



Principal Place of Business

200 MACFAR LANE DR. #502  
DEL RAY BEACH FL 33483

Mailing Address

200 MACFAR LANE DR. #502  
DEL RAY BEACH FL 33483



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/05)

Zip

Country

Zip

Country

4. FEI Number

51-0517395

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHLOSSBERG, ALAN  
200 MAC FARLANE DRIVE, APT 502  
DELRAY BEACH FL 33483

Name

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

City

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME SCHLOSSBERG, JOY MAZUR  
STREET ADDRESS 200 MACFAR LANE DR. #502  
CITY-ST-ZIP DEL RAY BEACH FL 33483

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME SCHLOSSBERG, ALLAN  
STREET ADDRESS 200 MACFARLANE DRIVE, # 502  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME FRIEDMAN, ALLAN  
STREET ADDRESS 200 MACFAR LANE DR. #502  
CITY-ST-ZIP DEL RAY BEACH FL 33483

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME FRIEDMAN, ARNA  
STREET ADDRESS 200 MACFAR LANE DR. #502  
CITY-ST-ZIP DEL RAY BEACH FL 33483

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joy MAZUR Schlossberg

Joy Mazur Schlossberg

561-266-0019

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

Date

Daytime Phone #