


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90252 022 ****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**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



04062007 Chg-LLC CR2E083 (12/06)

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, JOY M
200 MAC FARLANE DRIVE, APT 502
DELRAY BEACH, FL 33483

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2007 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLOSSBERG, JOY MAZUR		NAME		
STREET ADDRESS	200 MACFAR LANE DR. #502		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLOSSBERG, ALLAN		NAME		
STREET ADDRESS	200 MACFARLANE DRIVE, # 502		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, ALLAN		NAME		
STREET ADDRESS	200 MACFAR LANE DR. #502		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, ARNA		NAME		
STREET ADDRESS	200 MACFAR LANE DR. #502		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 4/3/07 561-266-0019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #