

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049717

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: FMS ASSOC., LLC

## Current Principal Place of Business:

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

## New Principal Place of Business:

200 MACFAR LANE DR.  
APT.502  
DEL RAY BEACH, FL 33483

## Current Mailing Address:

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

## New Mailing Address:

200 MACFAR LANE DR.  
APT.502  
DEL RAY BEACH, FL 33483

FEI Number: 51-0517395

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

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: JOY MAZUR SCHLOSSBERG

03/19/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SCHLOSSBERG, JOY MAZUR  
Address: 200 MACFAR LANE DR. #502  
City-St-Zip: DEL RAY BEACH, FL 33483

Title: MGRM ( ) Delete  
Name: FRIEDMAN, ALLAN  
Address: 200 MACFAR LANE DR. #502  
City-St-Zip: DEL RAY BEACH, FL 33483

Title: MGRM ( ) Delete  
Name: FRIEDMAN, ARNA  
Address: 200 MACFAR LANE DR. #502  
City-St-Zip: DEL RAY BEACH, FL 33483

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOY MAZUR SCHLOSSBERG

MGR.

03/19/2009

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