2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000064725

1. Entity Name

F.M.I. FLORIDA GROUP, LLC



FILED Apr 28, 2006 08:00 AM Secretary of State

Principal Place of Business

4601 SOUTH PINEMONT SWT 122 HOUSTON, TX 77041 Mailing Address

4601 SOUTH PINEMONT SWT 122 HOUSTON, TX 77041



01042006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2592158 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS, INC. 283 CATALONIA AVENUE 2ND FL CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char ions of registered egent.	nging its registered affic	e är registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE.				<u> </u>
	Signature, typed or printed name of registered egent end title if applicable.	(NOTE: Registered Agent &	ignature required when reinstating)	DATE
FI D	iling Fee is \$50.00 ue by May 1, 2006	š .		
9.	MANAGING MEMBERS/MANAGERS			
title Krame Street Aduress City-St-Zip Hitle Krame Street Aduress City-St-Zip	MGR GERLAND, DENNIS 4601 SOUTH PINEMONT SWT 122 HOUSTON, TX 77041		,	U00000541426 85/10/06-80058-010 50.00
TITLE NAME STREET ADDRESS CTTY-ST-ZIP			DO 1	OT WRITE
TITLE HAME STREET ADDRESS CITY-ST-ZIP			IN T	HIS SPACE
TITLE NAME				

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 empywered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

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

01104106

713-462-6611

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