

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072935

FILED
Mar 23, 2005
Secretary of State

Entity Name: FLMA LLC

Current Principal Place of Business:

1900 SOUTH HARBOR CITY BOULEVARD
320
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1900 SOUTH HARBOR CITY BOULEVARD
320
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 20-1721736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW OFFICES OF ERIC JOHN ENRIQUE PA
1900 S HARBOR CITY BOULEVARD
343
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: LEHNER, FREDDY
Address: 1900 S HARBOR CITY BOULEVARD SUITE 320
City-St-Zip: MELBOURNE, FL 32901

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: MEJIA, OCTAVIO
Address: 2074 SEAWIND CT
City-St-Zip: INDIALANTIC, FL 32903

Title: MGR () Change (X) Addition
Name: GLORIA, TRUJILLO
Address: 1900 S HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FREDDY LEHNER

MGR

03/23/2005

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