

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/21

FILED
May 26, 2005 8:00 am
Secretary of State

05-02-2005 90088 048 ****50.00

DOCUMENT # L04000093726					
1. Entity Name FMSS, LLC					
Principal Place of Business 100 S. BISCAYNE BOULEVARD, SUITE 1100 MIAMI, FL 33131			Mailing Address 100 S. BISCAYNE BOULEVARD, SUITE 1100 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. Name and Address of Current Registered Agent OSHINSKY, JEFFREY M C/O WHITE & CASE, LLP 200 S. BISCAYNE BLVD., SUITE 4900 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
5. 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 resigning)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MEMBER</i> <i>FINANCIAL MARKETS</i>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MEMBER</i> <i>FINANCIAL MARKETS LLC</i> <i>100 S. BISCAYNE</i> <i>MIAMI FL 33131</i>	
☐ Delete			☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>TIBOR Hollo</i> <i>100 S. BISCAYNE</i> <i>MIAMI FL 33131</i>	
☐ Delete			☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>WAYNE Hollo</i> <i>100 S. BISCAYNE</i> <i>MIAMI FL 33131</i>	
☐ Delete			☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Jerome Hollo</i> <i>100 S. BISCAYNE</i> <i>MIAMI FL 33131</i>	
☐ Delete			☐ Change ☒ Addition		
11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					

30007571



04072005 Chg-LLC CR2E083 (10/03)

4. Fee Number *20-2069591* Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required