


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90310 001 \*\*\*138.75

<b>DOCUMENT # L04000093726</b> 1. Entity Name <b>FMSS, LLC</b>					
Principal Place of Business <b>100 S. BISCAYNE BOULEVARD, SUITE 1100</b> <b>MIAMI, FL 33131</b>				Mailing Address <b>100 S. BISCAYNE BOULEVARD, SUITE 1100</b> <b>MIAMI, FL 33131</b>	
2. Principal Place of Business - No P.O. Box # <b>100 S Biscayne Blvd</b> Suite, Apt. #, etc. <b>Ste 900</b>		3. Mailing Address <b>100 S Biscayne Blvd</b> Suite, Apt. #, etc. <b>Ste 900</b>			
City & State <b>miami FL</b> Zip <b>33131</b>		City & State <b>miami FL</b> Zip <b>33131</b>		4. FEI Number <b>20-2069591</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>HOLLO, JEROME</b> <b>100 S BISCAYNE BLVD SUITE 1100</b> <b>MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>STE 900</b> City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <b>MGRM</b>	NAME <b>FINANCIAL MARKETS LLC</b>		TITLE NAME	STREET ADDRESS <b>100 S BISCAYNE BLVD</b>	
STREET ADDRESS <b>100 S BISCAYNE BLVD</b>	CITY-ST-ZIP <b>MIAMI, FL 33131</b>		STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>MGR</b>	NAME <b>HOLLO, TIBOR</b>		TITLE NAME	STREET ADDRESS <b>100 S. BISCAYNE</b>	
STREET ADDRESS <b>100 S. BISCAYNE</b>	CITY-ST-ZIP <b>MIAMI, FL 33131</b>		STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>MGR</b>	NAME <b>HOLLO, WAYNE</b>		TITLE NAME	STREET ADDRESS <b>100 S. BISCAYNE</b>	
STREET ADDRESS <b>100 S. BISCAYNE</b>	CITY-ST-ZIP <b>MIAMI, FL 33131</b>		STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>MGR</b>	NAME <b>HOLLO, JEROME</b>		TITLE NAME	STREET ADDRESS <b>100 S. BISCAYNE</b>	
STREET ADDRESS <b>100 S. BISCAYNE</b>	CITY-ST-ZIP <b>MIAMI, FL 33131</b>		STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Jerome Hollo</i></u> <span style="float: right;">4.8.08</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					