


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90018 006 ****50.00

DOCUMENT # L05000012614

1. Entity Name
F&M SPECIALTY PRODUCTS, L.L.C.



Principal Place of Business
**3301 SOUTH ATLANTIC AVENUE
 DAYTONA BEACH SHORES, FL 32118**

Mailing Address
**3301 SOUTH ATLANTIC AVENUE
 DAYTONA BEACH SHORES, FL 32118**

2. Principal Place of Business
112 Ponce Deleon Circle

3. Mailing Address
112 Ponce Deleon Circle

Suite, Apt. #, etc.

City & State
Ponce Inlet, FL

City & State
Ponce Inlet, FL

Zip
32127

Country
USA

Zip
32127

Country
USA



02102006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2278387

Applied For
 Not Associate

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

5. Name and Address of Current Registered Agent
**FORNARI, LARRY J
 3301 SOUTH ATLANTIC AVENUE
 DAYTONA BEACH SHORES, FL 32118**

7. Name and Address of New Registered Agent
 Name *LARRY J. FORNARI*
 Street Address (P.O. Box Numbers Not Accepted)
112 Ponce Deleon Circle
 City *Ponce Inlet* FL Zip Code *32127*

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: *Larry J. Fornari* *4/24/06*

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, PHILIP T	NAME	
STREET ADDRESS	4 DAGGET CIRCLE	STREET ADDRESS	
CITY ST ZIP	PONCE INLET, FL 32127	CITY ST ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORNARI, LARRY J	NAME	
STREET ADDRESS	3301 SOUTH ATLANTIC AVENUE	STREET ADDRESS	
CITY ST ZIP	DAYTONA BEACH SHORES, FL 32118	CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

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: *Larry J. Fornari* *4/24/06*

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