2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State
04-28-2006 90034 028 ****50.00

DOCUMENT # L05000031614

1. Entity Name
WILLIS SMITH/FMO, LLC

30009214

04262006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
~~2524 S. OSPREY AVE.~~ ~~SARASOTA, FL 34239~~ 1515 Ringling Blvd, #890 Sarasota, FL 34236	~~2524 S. OSPREY AVE.~~ ~~SARASOTA, FL 34239~~ Same

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1246588 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MENKE, W. TODD ~~2524 S. OSPREY AVE.~~ ~~SARASOTA, FL 34239~~ 1515 Ringling Blvd, #890 Sarasota, FL 34236	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MENKE, W. TODD ~~2524 S. OSPREY AVE.~~ ~~SARASOTA, FL 34239~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ ~~Change~~ ☐ Addition 1515 Ringling Blvd, #890 Sarasota, FL 34236	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SESSIONS, DAVID E 2902 HYDE PARK ST. SARASOTA, FL 34239	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LACIVITA, F. JOHN 2902 HYDE PARK ST. SARASOTA, FL 34239	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #