

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033599

Entity Name: FMC TAMPA PALMS, LLC

FILED  
Mar 30, 2006  
Secretary of State

**Current Principal Place of Business:**

38135 MARKET SQUARE  
ZEPHYRHILLS, FL 33540

**New Principal Place of Business:**

**Current Mailing Address:**

38135 MARKET SQUARE  
ZEPHYRHILLS, FL 33540

**New Mailing Address:**

FEI Number: 20-2851716

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARQUARDT, EMIL C JR  
625 COURT STREET STE 200  
CLEARWATER, FL 33756 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DELATORRE, JOE  
Address: 38135 MARKET SQUARE  
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: MGRM ( ) Delete  
Name: CUFFE, COLLEEN  
Address: 38135 MARKET SQUARE  
City-St-Zip: ZEPHYRHILLS, FL 33540

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: COLLEEN CUFFE

MGRM

03/30/2006

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