# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 27, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # L05000035253

1. Entity Name
FAMMULUS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| C/O 7000 WEST PALMETTO PARK ROAD<br>SUITE 310<br>BOCA RATON, FL 33433 US | C/O 7000 WEST PALMETTO PARK ROAD<br>SUITE 310<br>BOCA RATON, FL 33433 US |

02122008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5319840
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORRIS, STUART R ESQ.
7000 WEST PALMETTO PARK ROAD
SUITE 310
BOCA RATON, FL 33433

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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)

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGR |
| NAME | EDWARDS, SAM B |
| STREET ADDRESS | 15210 CANONGATE DRIVE |
| CITY-ST-ZIP | FORT MYERS, FL 33912 |
| TITLE | |
| NAME | |
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03/11/08-80011-004 277.50

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PLEASE DATE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter ... 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; I am a member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter ...

PLEASE SIGN HERE

**SIGNATURE:** _____ Sam B. Edwards 2/24/08 239-482-1774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #