2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000067613

1. Entity Name FMS HOLDINGS, LLC



FILED Apr 20, 2007 08:00 A Secretary of State

Principal Place of Business

2323 OAK STREET JACKSONVILLE, FL 32204

Mailing Address

2323 OAK STREET JACKSONVILLE, FL 32204

CR2E083 (11/05)

4. FEI Number Applied For 20-4605603 Not Applicable

5. Certificate of Status Desired

04192007No Chg-LLC

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ACOSTA-RUA, FERNANDO J MGR 2323 OAK STREET JACKSONVILLE, FL 32204

DO NOT WRITE IN THIS SPACE

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_	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9,	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACOSTA-RUA, FERNANDO J MGR 2323 OAK STREET JACKSONVILLE, FL 32204		0718638
TITLE NAME STREET ADDRESS CITY-ST-ZIP		05/01/07	10718638 '-80029-012 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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 eath; 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:

8 Ager

4/19/07

904-381-9996