

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 24, 2008 08:00 AM  
Secretary of State

DOCUMENT # L05000094113

1. Entity Name  
FUTURE FELLSMERE, LLC



Principal Place of Business  
1701 HWY A1A STE 309  
VERO BEACH, FL 32963

Mailing Address  
1701 HWY A1A STE 309  
VERO BEACH, FL 32963



01242008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3529171

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KIRK, WILLIAM N ESQ  
979 BEACHLAND BOULEVARD  
VERO BEACH, FL 32963

**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 \_\_\_\_\_

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

U000000917883  
05/13/08-80059-023 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BARACK, RUSTY  
PO BOX 1266  
VERO BEACH, FL 32961

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
HAZEL, DOUGLAS E  
1451 HIGH ST STE 215  
WASHINGTON, MO 63090

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SMITH, STEPHEN T  
1701 HWY A1A STE 309  
VERO BEACH, FL 32963

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*[Signature]*, Managing Member 4/16/08 772.234.1770