2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Aug 17, 2007 8:00 am Secretary of State **DOCUMENT # L06000111001** 02-21-2007 90102 033 ****50.00 FHM GROUP LLC Principal Place of Business Mailing Address 9485 REGENCY SQUARE BLVD., STE. 415 9485 REGENCY SOUARE BLVD., STE. 415 JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 4601 Touchton Rd East 4601 Touchton Rd East Suite, Apt. #, etc. Suite, Apt. #, etc. 08142007 CR2E083 (12/06) Chg-LLC Bldg 300 Suite 3150 Bldg 300 Suite 3150 4 FEI Number Applied For City & State City & State Jacksonville, FL Jacksonville, FL 56-2672440 Not Applicable Zip Country \$5.00 Additional Zip 5. Certificate of Status Desired Fee Required 32246 Duval 32246 Duval 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEMINE, JOHN A Street Address (P.O. Box Number is Not Acceptable) 4601 Touchton Road East 9485 REGENCY SQUARE BLVD., STE. 415 JACKSONVILLE, FL 32225 Bldq 300. Suite 3150 Jäcksonville 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 it applicable (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGMR ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME James Brock NAME STREET ADDRESS STREET ADDRESS 71 Water St CITY-ST-ZIP CITY-ST-ZIP Augustine FL 32084 MGMR TITLE TITLE ☐ Change ☐ Addition William Bond, Jr NAME NAME 4695 Alisa Cr. NE STREET ADDRESS STREET ADDRESS St. Petersburg. FL 33703 CITY-ST-ZIP CITY ST-7IP MGMR ☐ Delete TITLE ☐ Change ☐ Addition TITLE Mary Ann Richardson NAME NAME 1225 S Peninsula Dr STREET ADDRESS STREET ADDRESS Daytona Beach. FL 32118 CITY-ST-ZIP CITY-ST-ZIP TITLE MGMR Delete TITLE ☐ Change ☐ Addition NAME Jack Healan NAME STREET ADDRESS STREET ADDRESS 6 Harrison Creek Court CITY-ST-ZIP CITY-ST-ZIP Amelia Island, FL 32034 MGMR Delete ☐ Change ☐ Addition TITLE TITLE NAME Joseph Seay 4617 Ortega Blvd STREET ADDRESS STREET ADDRESS Jacksonville. FL 32210 CITY-ST-ZIP CITY-ST-ZIP MGMR ☐ Change Addition TITLE TITLE ☐ Delete Walter Banks NAME NAME 1567 Ponce De Leon Dr STREET ADDRESS STREET ADDRESS Ft. Lauderdale. FL 33316 CITY-ST-ZIP 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000111001 1. Entity Name FHM GROUP LLC				ATTACHMENT
Principal Place of Business 9485 REGENCY SQUARE BLVD., STE. 415 JACKSONVILLE, FL 32225 Mailing Address 9485 REGENCY SQUARE BLVD., STE. 415 JACKSONVILLE, FL 32225				
2 Oringinal P	Place of Business - No P.O. Box #	3. Mailing Address		300/2311
4601 Touchton Rd East 4601 Touchton			ton Rd East	t_
Suite, Apt. #, etc. Bldq 300, Suite 3150		Suite, Apt. #, etc. Bldg 300 S	uite 3150	08142007 Chg-LLC CR2E083 (12/06)
City & State		City & State		4. FEI Number Applied For
Jacks Zip	conville, FL	Jacksonvil Zip	Le. FL Country	56-2672440 Not Applicable South Continue South Cont
32246		32246	Duval	5. Certificate of Status Desired Fee Required
Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
LEMINE, JOHN A 9485 REGENCY SQUARE BLVD., STE. 415 Street Address				ss (P.O. Box Number is Not Acceptable)
	IVILLE, FL 32225	4.0		Touchton Rd East
			Bldg :	300 Suite 3150
			Jacks	onville FL Zip Code 32246
	enamed entity submits this statement tions of registered agent.	or the purpose of changing its	registered office or regi	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE :				
	Signature, typed or printed name of registered ager	it and title if applicable. (NO)	E Registered Agent signature req	uired when remstating) DATE
Filing Fee is \$50.00 Due by September 14, 2007				Make check payable to Florida Department of State
9.	MANAGING MEME	ERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE	MGMR George Gabel	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	1850 Shadowlawn		NAME STREET ADDRESS	
CITY-ST-ZIP	Jacksonville FL	32205	CITY-ST-ZIP	
TITLE	MGMR Ruel Bradley	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	1236 Stonehurst		STREET ADDRESS	
CITY-ST-ZIP	Tallahassee. FL	32312	CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	Change Addition
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
TITLE		☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition
NAME		LI Oticie	NAME	C Grange C Addition
STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	_ , _
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
11. I hereby indicated	d on this report is true and accurate ar	d that my signature shall have	or the exemptions contain the same legal effect as	ned in Chapter 119, Florida Statutes. I further certify that the information is if made under oath; that I am a managing member or manager of the better 688. Elevido Statutes.
ilmited lia	ability company or the receiver or trust	ee empowered to execute this	report as required by C	R/14/17 9/14-77 0. 409/
	rure: <i>kurn U</i>	1. LENNIEL		11//// // // /// ////