




2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 17, 2007 8:00 am
Secretary of State

02-21-2007 90102 033 ****50.00

DOCUMENT # L06000111001					
1. Entity Name FHM GROUP LLC					
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. Principal Place of Business - No P.O. Box # 4601 Touchton Rd East		3. Mailing Address 4601 Touchton Rd East			
Suite, Apt. #, etc. Bldg 300 Suite 3150		Suite, Apt. #, etc. Bldg 300 Suite 3150			
City & State Jacksonville, FL		City & State Jacksonville, FL			
Zip 32246		Zip 32246			
Country Duval		Country Duval		08142007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 56-2672440				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEMINE, JOHN A 9485 REGENCY SQUARE BLVD., STE. 415 JACKSONVILLE, FL 32225			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4601 Touchton Road East Bldg 300, Suite 3150 City Jacksonville FL Zip Code 32246		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by September 14, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR <input type="checkbox"/> Delete James Brock 71 Water St St. Augustine, FL 32084		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR <input type="checkbox"/> Delete William Bond, Jr 4695 Alisa Cr. NE St. Petersburg, FL 33703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR <input type="checkbox"/> Delete Mary Ann Richardson 1225 S Peninsula Dr Daytona Beach, FL 32118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR <input type="checkbox"/> Delete Jack Healan 6 Harrison Creek Court Amelia Island, FL 32034		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR <input type="checkbox"/> Delete Joseph Seay 4617 Ortega Blvd Jacksonville, FL 32210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR <input type="checkbox"/> Delete Walter Banks 1567 Ponce De Leon Dr Ft. Lauderdale, FL 33316		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>John A. Lemine</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			8/14/07 904-724-9890 <small>Date Daytime Phone #</small>		

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ATTACHMENT

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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR George Gabel 1850 Shadowlawn St Jacksonville FL 32205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR Ruel Bradley 1236 Stonehurst Way Tallahassee, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: John A. Lemine 8/14/07 904-724-9890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #