

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111001

Entity Name: FHM GROUP LLC

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

4601 TOUCHTON RD EAST BLDG 300 STE 3150  
JACKSONVILLE, FL 32246

## New Principal Place of Business:

## Current Mailing Address:

4601 TOUCHTON RD EAST BLDG 300 STE 3150  
JACKSONVILLE, FL 32246

## New Mailing Address:

FEI Number: 56-2672440

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEMINE, JOHN A  
4601 TOUCHTON RD EAST BLDG 300 STE 3150  
JACKSONVILLE, FL 32246 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BOND, WILLIAM JR  
Address: 4695 ALISA CR NE  
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: MGRM ( ) Delete  
Name: RICHARDSON, MARY ANN  
Address: 1225 S PENINSULA DR  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MGRM ( ) Delete  
Name: HEALAN, JACK  
Address: 6 HARRISON CREEK CRT  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: MGRM ( ) Delete  
Name: SEAY, JOSEPH  
Address: 4617 ORTEGA BLVD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM ( ) Delete  
Name: BANKS, WALTER  
Address: 1567 PONCE DE LEON DR  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: GABEL, GEORGE D  
Address: 1850 SHADOWLAWN ST.  
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN A LEMINE

T

04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date