

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119419

Entity Name: FPR-FPMS, LLC

FILED  
Apr 23, 2009  
Secretary of State

**Current Principal Place of Business:**

1033 DR. M.L. KING, JR. ST. NORTH, #108  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

1033 DR. M.L. KING, JR. ST. NORTH, #108  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

FEI Number: 20-8891613

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRONSTEIN, JOEL D  
150 SECOND AVENUE NORTH, SUITE 1100  
ST. PETERSBURG, FL 33701 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: MGR ( ) Delete  
Name: SALAZAR, PETER  
Address: 1033 DR. MLK JR. STREET N., #108  
City-St-Zip: SAINT PETERSBURG, FL 33701

**ADDITIONS/CHANGES:**

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

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: PETER SALAZAR

MGR

04/23/2009

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