

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
May 07, 2009
Secretary of State**

DOCUMENT# L07000073730

Entity Name: FHM LAW, P.L.

Current Principal Place of Business:

400 NORTH ASHLEY DRIVE, SUITE 1500
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

400 NORTH ASHLEY DRIVE, SUITE 1500
TAMPA, FL 33602

New Mailing Address:

FEI Number: 26-0554649 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FULLER, JEFFERY M
400 NORTH ASHLEY DRIVE, SUITE 1500
TAMPA, FL 33602 US

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:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: FULLER, JEFFERY M
Address: 400 NORTH ASHLEY DRIVE, SUITE 1500
City-St-Zip: TAMPA, FL 33602

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

Title: MGR () Delete
Name: HOLSONBACK, JOHN P
Address: 400 NORTH ASHLEY DRIVE, SUITE 1500
City-St-Zip: TAMPA, FL 33602

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: JEFFERY M FULLER

MGR

05/07/2009

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