


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90032 025 ****50.00

DOCUMENT # L99000000236					
1. Entity Name FERMM, L.L.C.					
Principal Place of Business 7995-B PRESERVE CIRCLE NAPLES, FL 34119			Mailing Address 7995-B PRESERVE CIRCLE NAPLES, FL 34119		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02222007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 59-3555103				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 CONROY, J. THOMAS III 2640 GOLDEN GATE PKWY SUITE 115 NAPLES, FL 34105			7. Name and Address of New Registered Agent Name Conroy, J. Thomas III Street Address (P.O. Box Number is Not Acceptable) 2210 Vanderbilt Beach Rd., Suite 1201 City Naples FL Zip Code 34109		
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: 2/22/07			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POTESTIO, FRANK P JR. 7995B PRESERVE CIRCLE NAPLES, FL 34119	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINKELSTEIN, MARK 3324 WHITBURN COURT ADA, MI 49301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM E. FINKELSTEIN PROPERTIES, LLC 17842 ARGYLL TERRACE BOCA RATON, FL 33496	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM M. FINKELSTEIN PROPERTIES, LLC 17079 DARLINGTON CT BOCA RATON, FL 33496	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMONI, JOHN S 174 COCONUT PALM RD BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
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				
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:		Date: 2/23/07 Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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