

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000005270

1. Entity Name  
FMS SARASOTA, LLC



Principal Place of Business  
1700 DOG KENNEL ROAD  
SARASOTA, FL 34240

Mailing Address  
1700 DOG KENNEL ROAD  
SARASOTA, FL 34240



04102006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0950524

Applied For  
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREGORIA, RIC  
200 S. ORANGE AVENUE  
SARASOTA, FL 34236

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when retreating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FERLISE, FELIX
STREET ADDRESS	2029 MISTY SUNRISE TRAIL
CITY-STATE-ZIP	SARASOTA, FL 34240
TITLE	MGR
NAME	FERLISE, MILTON G
STREET ADDRESS	210 DOG KENNEL ROAD
CITY-STATE-ZIP	SARASOTA, FL 34240
TITLE	MGR
NAME	FERLISE, STEPHEN M
STREET ADDRESS	614 CEDAR CREST CRT
CITY-STATE-ZIP	SARASOTA, FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000505287  
04/26/06-80111-005 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 808, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-10-06

941-82

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