2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
• Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L9900006099 1. Entity Name FEDMO ENTERPRISES, L.L.C.			Secretary of State
Principal Place of Business Mailing Address 5048 STRAFFORD OAKS DRIVE 5048 STRAFFORD OAKS DRIVE SEBRING, FL 33875 SEBRING, FL 33875		E	
DO NOT WRITE IN THIS SPAC		CE	01312005No Chg-LLC
			4. FEI Number Applied For 59-3598618 Nor Applicable 5. Certificate of Status Desired S5.00 Additional Fee Required
	Name and Address of Current Registered Agent		
MEYER, KEVIN M 5048 STRAFFORD OAKS DRIVE SEBRING, FL 33875			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 tale if applicable (NOTE, Registered Agent signature required when reinstalling) DATE			
Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEYER, KEVIN M 5048 STRAFFORD OAKS DRIVE SEBRING, FL 33875		07/19/05-80026-007 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEYER, JOANN 5048 STRAFFORD OAKS DRIVE SEBRING, FL 33875		
TITLE NAME STREET ADDRESS CITY+ST+ZIP			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-SI-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

Kevin m Meyer

Daytime Phone #