2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 28, 2005 8:00 am Secretary of State

DOCUMENT # L9900006978 1. Entity Name FMA LLC						01-28-20	05 90073 02	23 ****50	.00	
Principal Place of Business 5001 W LEMON ST STE A TAMPA, FL 33609		Mailing Address 5001 W LEMON ST STE A TAMPA, FL 33609				18 18 18 18 18 18 18 18	20004		11 1 116 1 11 1	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01182005	Chg-LLC	CR2E0	083 (10/03)		
City & State		City & State			4. FEI Numb				plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired Specificate of Status Desired Fee Required			itional		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
PRUBAN, J. TIM				Name						
5001 WEST UMM ST TAMPA, FL 33609			Street	Street Address (P.O. Box Number is Not Acceptable) 5001 West LEMON ST						
			City	City Tamaa FL Zip Code						
8. The above named entity submits this statement for the purpose of changing its register				33007					607	
the obligati	ions of registered agent.	l	- togratarea emee	o. rogioio	ou agont, or or	our, ar the etate	_		and accopt	
SIGNATURE .	XUD WOX.	J	TIM PO	ban.			111	8/05	<u> </u>	
3°4 (3335)	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent sign	nature required	when reinstating)		DATE			
Fi Di	ling Fee is \$50.00 ue by May 1, 2005	Pin and a second				FI	Make check porida Departm		1 2 2 2 2 2	
9.	MANAGING MEMBE	RS/MANAGERS	10.	·		ADDITI	ONS/CHANGES	5		
TITLE	MGRM	☐ Delele	TITLE					Change	Addition	
NAME STREET ADDRESS	PRUBAN, J. TIM 2413 BAYSHORE BLVD., #602		NAME STREET ADDRESS	. 48	30 0501	ey Ariva	H 201			
CITY-ST-ZIP	TAMPA, FL 33629	-	CITY-ST-ZIP	St	Ceters bur	FI	± ± 201 3371	I		
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NAME	Part of the second	. Delete	TITLE NAME			· · ·		Change	, Addition	
STREET ADDRESS CITY-ST-ZIP	and construction of the second	——————————————————————————————————————	STREET ADDRESS CITY-ST-ZIP	S	•			8.40		
11. Thereby o	certify that the information supplied with	this filing does not qualify for	r the exemption s	tated in S	ection 110 07/2	(Vi) Florida Stat	utas I further co	rtify that the i-	oformation	
indicated	on this report is true and accurate and bility company or the receiver or truste	that my signature shall have	the same legal et	ffect as if r	made under oat	th: that I am a r	nanaging memb	er or manage	or of the	