FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92178 014 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30069506

DOCUMENT # L99000006978

1. Entity Name
FMA LLC

Principal Place of Business	Mailing Address
202 SOUTH 22ND STREET, SUITE 210 TAMPA, FL 33605	202 SOUTH 22ND STREET, SUITE 210 TAMPA, FL 33605

2. Principal Place of Business	3. Mailing Address
5001 W LEMON ST	5001 W. LEMON ST
Suite, Apt. #, etc.: SUITE A	Suite, Apt. #, etc.: SUITE A
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33609 Country: USA	Zip: 33609 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3608637 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PRUBAN, J. TIM
202 SOUTH 22ND STREET, SUITE 210
TAMPA, FL 33605

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2413 BAYSHORE BLVD #602

City TAMPA FL Zip Code 33629

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 reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	PRUBAN, J. TIM	
STREET ADDRESS	2413 BAYSHORE BLVD., #602	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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NAME		
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CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.

SIGNATURE: [signature] 4/25/03 (813)281-0062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #