


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000002512 1. Entity Name FMC-FIRECREEK COMMUNICATIONS, LLC	
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Principal Place of Business 6045 S.W. 45TH STREET DAVIE, FL 33314	Mailing Address 6045 S.W. 45TH STREET DAVIE, FL 33314
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04202005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2829662	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CASSIDY, FRANK M 6045 SW 45TH STREET DAVIE, FL 33314

**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 reinstating) DATE _____


**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, JOHN R 6777 CAMP BOWIE BLVD., SUITE 332 FT WORTH, TX 76116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASSIDY, FRANK M 6045 SW 45TH STREET DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERRITT, WILLIAM E 933 EAST RIDGE COURT GRAPEVINE, TX 76051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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04/23/05-80048-024 50.00

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 608, Florida Statutes.

SIGNATURE:  **JOHN R. TAYLOR** **18 Apr/05** **8177325949**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #