

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-16-2006 90024 024 *****55.00
M04000005654

DOCUMENT # M04000005654			
1. Entity Name FSM SPA LLC			
Principal Place of Business C/O MILLENNIUM PARTNERS 1995 BROADWAY, 3RD FLOOR NEW YORK, NY 10022		Mailing Address C/O MILLENNIUM PARTNERS 1995 BROADWAY, 3RD FLOOR NEW YORK, NY 10022	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number APPLIED FOR		Applied For Not Applicable	
5. Certificate of Status Desired		5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent Signature required when terminating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TB HOLDING CO. I LLC 1995 BROADWAY, 3RD FLOOR NEW YORK, NY 10022 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 disclosed 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 recipient or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE:  auth rep.		3/10/06 212-318-6943	
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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