

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

**FILED**  
**Jul 16, 2008 08:00 AM**  
**Secretary of State**



07072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2027005

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

**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

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000955322  
07/16/08-80011-011 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR MCAF HOLDING CO LLC 1995 BROADWAY, 3RD FLOOR NEW YORK, NY 10022
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IN THIS SPACE**

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #