


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90085 032 ****50.00

DOCUMENT # M05000003180					
1. Entity Name FMP TALLAHASSEE LLC					
Principal Place of Business 3225 NORTH CENTRAL AVENUE, SUITE 1205 PHOENIX, AZ 85012			Mailing Address 3225 NORTH CENTRAL AVENUE, SUITE 1205 PHOENIX, AZ 85012		
2. Principal Place of Business 2201 E. Camelback Road Suite, Apt. #, etc. Suite 350		3. Mailing Address 2201 E. Camelback Road Suite, Apt. #, etc. Suite 350			
City & State Phoenix, Arizona		City & State Phoenix, Arizona		06302006 Chg-LLC CR2E083 (11/05)	
Zip Country 85016 USA		Zip Country 85016 USA		4. FEI Number 20-2710183	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FELDMAN, LAWRENCE 1010 NORTHERN BLVD., SUITE 314 GREAT NECK, NY 11021	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOURG, JAMES 3225 NORTH CENTRAL AVENUE, SUITE 1205 PHOENIX, AZ 85012	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JENSEN, SCOTT 3225 NORTH CENTRAL AVENUE, SUITE 1205 PHOENIX, AZ 85012	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WIRTH, THOMAS 1010 NORTHERN BLVD., SUITE 314 GREAT NECK, NY 11021	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ERHART, JEFFREY 3225 NORTH CENTRAL AVENUE, SUITE 1205 PHOENIX, AZ 85012	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: _____ Manager June 30, 2006 602-277-5559 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					