

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90256 039 \*\*\*138.75

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04112008 Chg-LLC CR2E083 (12/06)

|  |  |  |   |  |                    |
|--|--|--|---|--|--------------------|
| <b>DOCUMENT # M05000003180</b><br>1. Entity Name<br><b>FMP TALLAHASSEE LLC</b>   |  |  |   |  |                    |
| Principal Place of Business<br>2201 E. CAMELBACK RD<br>STE 350<br>PHOENIX, AZ 85016  |  |  | Mailing Address<br>2201 E. CAMELBACK RD<br>STE 350<br>PHOENIX, AZ 85016   |  |                    |
| 2. Principal Place of Business - No P.O. Box #<br><b>1010 Northern Boulevard</b>   |  | 3. Mailing Address<br><b>2 Ponds Edge Drive</b>                    |   |  |                    |
| Suite, Apt. #, etc.<br><b>Suite 314</b>  |  | Suite, Apt. #, etc.<br><b>P.O. Box 1478</b>                        |   |  |                    |
| City & State<br><b>Great Neck, NY</b>  |  | City & State<br><b>Chadds Ford, PA</b>                             |   |  |                    |
| Zip<br><b>11021</b>  |  | Country<br><b>USA</b>  |   | Zip<br><b>19317</b>                                    |                    |
| Country<br><b>USA</b>  |  | 4. FEI Number<br><b>20-2710183</b>                                 |   |  |                    |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable |                    |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM</b><br><b>1200 SOUTH PINE ISLAND ROAD</b><br><b>PLANTATION, FL 33324</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |                    |
| 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 _____  |  |  |   |  |                    |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |  | <b>Make check payable to</b><br><b>Florida Department of State</b> |   |  |                    |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES   |  |                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR</b><br><b>FELDMAN, LAWRENCE</b><br><b>1010 NORTHERN BLVD., SUITE 314</b><br><b>GREAT NECK, NY 11021</b> |  | <input type="checkbox"/> Delete   |  |                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR</b><br><b>BOURG, JAMES</b><br><b>2201 E. CAMELBACK ROAD, SUITE 350</b><br><b>PHOENIX, AZ 85016</b>      |  | <input checked="" type="checkbox"/> Delete  |  |                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR</b><br><b>JENSEN, SCOTT</b><br><b>2201 E. CAMELBACK ROAD, SUITE 350</b><br><b>PHOENIX, AZ 85016</b>     |  | <input type="checkbox"/> Delete   |  |                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR</b><br><b>WIRTH, THOMAS</b><br><b>1010 NORTHERN BLVD., SUITE 314</b><br><b>GREAT NECK, NY 11021</b>     |  | <input type="checkbox"/> Delete   |  |                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |  |   |  |                    |
| <b>SIGNATURE:</b> <b>Thomas Wirth, Manager</b>   |  |  | <b>4-15-08</b>  |  | <b>56-684-1239</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  | Date  |  | Daytime Phone #    |