2005 LIMITED LIABILITY COMPANY

FILED 005 08:00 AM

ANNUAL REPORT				Jul 11, 2005 08:00 A	
1. Entity Nam	MENT # M9900000	0053		Sec	retary of State
6363 WOOD	e of Business WAY, SUITE 1000 X 77057-1757	Mailing Address 6363 WOODWAY, SUITE 1000 HOUSTON, TX 77057-1757			ININ ONE REN NEED AND END OF THE
E		E IN THIS SPA	CE	06292005 No Chg-LLC 4. FEI Number 76-0594164 5. Certificate of Status Desired	CR2E083 (10/03) Applied For Not Applicable \$5.00 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent	}		
1200 SOU	PORATION SYSTEM ITH PINE ISLAND ROAD ION, FL 33324			DO NOT WE	
the obligat	tions of registered agent.	or the purpose of changing its register and tile if applicable (NOTE Registere	ed office of register		DATE
9.	MANAGING MEMB	FRS/MANAGERS	<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR FIMC TALLAHASSEE, INC. 6363 WOODWAY, SUITE 1000 HOUSTON, TX 77057			·	
NAME STREET ADDRESS CITY-ST-ZIP				U000003 07/11/05-8	972070 80014-012 50.00
TITLE NAME STREET ADDRESS CITY-SY-ZIP				DO NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					
NAME			1		

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 cath, that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE