

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011208

FILED
May 03, 2005
Secretary of State

Entity Name: FCSL, LLC

Current Principal Place of Business:

1044 CASTELLO DR, STE 201
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

1044 CASTELLO DR, STE 201
NAPLES, FL 34103

New Mailing Address:

FEI Number: 65-0550832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., STE. 3000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

RONALD, STAHNKE H MR
1044 CASTELLO DR.
#201
NAPLES, FL 34103 US

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.

SIGNATURE: RONALD H. STAHNKE

05/03/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: STAHNKE, RONALD
Address: 1044 CASTELLO DR
City-St-Zip: NAPLES, FL 33940

Title: MGRM () Delete
Name: LIVELY, DONALD E
Address: 1815 KINGS COURT
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RONALD H. STAHNKE

PRES

05/03/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date