

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Mar 23, 2007
Secretary of State**

DOCUMENT# L03000028220

Entity Name: FCC, LLC

Current Principal Place of Business:

515 N. FLAGLER DRIVE
STE 700
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

515 N. FLAGLER DRIVE
STE 700
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 14-1892602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUNSHINE, MARK A
515 N. FLAGLER DRIVE
STE 700
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SUNSHINE, MARK A
Address: 515 N. FLAGLER DRIVE, STE 700
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR () Delete
Name: KIEFER, JOHN W
Address: 515 N. FLAGLER DRIVE, STE 700
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR () Delete
Name: HOGARD, MARK
Address: 515 N. FLAGLER DRIVE, STE 700
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

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

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 Chapter 119, 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: MARK HOGARD

SVP

03/23/2007

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