


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90144 024 ****50.00

DOCUMENT # L03000029552

1. Entity Name
 FCC FINANCING SUBSIDIARY I, LLC



Principal Place of Business
 340 ROYAL POINCIANA, STE. 305
 PALM BEACH, FL 33480

Mailing Address
 340 ROYAL POINCIANA, STE. 305
 PALM BEACH, FL 33480

24064177



2. Principal Place of Business
 515 N. Flagler Dr.
 Suite, Apt. #, etc.
 Suite 700

3. Mailing Address
 515 N. Flagler Dr.
 Suite, Apt. #, etc.
 Suite 700

04282004 Chg-LLC CR2E083 (10/03)

City & State
 West Palm Beach, FL

City & State
 West Palm Beach, FL

Zip
 33401

Country
 US

Zip
 33401

Country
 US

4. FEI Number
 20-0158009

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 PENINSULA REGISTERED AGENTS, INC.
 200 S. BISCAYNE BLVD, 40TH FLOOR
 MIAMI, FL 33131-2310

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO, EVP Mark Sunshine 515 N. Flagler Dr., Ste. 700 West Palm Beach, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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 **Mark Hogard** 4/28/04 (405) 917-1191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #