


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90222 009 ***150.00

DOCUMENT # M06000003144

1. Entity Name
 FCR FLORIDA, LLC



Principal Place of Business
 10550 BUCKINGHAM ROAD
 FORT MYERS, FL 33905

Mailing Address
 10550 BUCKINGHAM ROAD
 FORT MYERS, FL 33905

60022392

DO NOT WRITE IN THIS SPACE



04022008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
 65-0510394

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FCR, LLC 809 WEST HILL STREET CHARLOTTE, NC 28208 |
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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.

SIGNATURE: *John W. Casella* Date: 4/2/2008 Daytime Phone #: 802 775 0325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

John W. Casella, Secretary