

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 19 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01302007 Chg-LP CR2E003 (12/06)

DOCUMENT # A05000000012 1. Entity Name FCG ENTERPRISES, LTD.					
Principal Place of Business 8211 W. BROWARD BLVD., PH-2 PLANTATION, FL 33131			Mailing Address 8211 W. BROWARD BLVD., PH-2 PLANTATION, FL 33131		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 20-2175544 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DANIELS, NICHOLAS M ESQ 1 SE 3RD AVE., #2950 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name PETER C GARDNER Street Address (P.O. Box Number is Not Acceptable) 8211 W. BROWARD BLVD PH2 City PLANTATION FL Zip Code 33324		
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 <u><i>Peter C Gardner</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P05000000019		STREET ADDRESS		
NAME	RENDRAG, INC.		CITY-ST-ZIP		
STREET ADDRESS	8211 W. BROWARD BLVD., PH-2		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33131		CITY-ST-ZIP		
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: *Peter C Gardner*			PETER C GARDNER 2-26-07 954 7279335		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		