2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

Feb 22, 2007 08:00 Al Secretary of State DOCUMENT # L01000010404 1. Entity Name FP CAPITAL, LLC Principal Place of Business . . . Mailing Address 4950 GOLDEN GATE PKWY. 4950 GOLDEN GATE PKWY, NAPLES, FL 34116 NAPLES, FL 34116 02052007 No Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For 65-1115777 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PIIPPONEN, JEFFREY DO NOT WRITE 4950 GOLDEN GATE PKWY. NAPLES, FL 34116 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee Is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS TITLE PIIPPONEN, JEFFREY A NAME STREET ADDRESS 4950 GOLDEN GATE PKWY. CHY-ST-719 NAPLES, FL 34116 **MGRM** TITLE NAME FENNELL, KENNETH C 03/02/07-80004-001 50.00 4950 GOLDEN GATE PKWY. STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34116 NAME STREET ADDRESS DO NOT WRITE City - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

FILED