2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L01000010404

Entity Name: FP CAPITAL, LLC

Current Principal Place of Business:

2336 IMMOKALEE ROAD
NAPLES, FL 34110

New Principal Place of Business:

4950 GOLDEN GATE PARKWAY
NAPLES, FL 34116

Current Mailing Address:

2336 IMMOKALEE ROAD
NAPLES, FL 34110

New Mailing Address:

4950 GOLDEN GATE PARKWAY
NAPLES, FL 34116

FEI Number: 65-1115777 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIIPPONEN, JEFFREY
2336 IMMOKALEE ROAD
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

PIIPPONEN, JEFFREY
4950 GOLDEN GATE
NAPLES, FL 34116 US

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: _____ 04/28/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PIIPPONEN, JEFFREY A
Address: 2336 IMMOKALEE ROAD
City-St-Zip: NAPLES, FL 34110

Title: MGRM ( ) Delete
Name: FENNELL, KENNETH C
Address: 2336 IMMOKALEE ROAD
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PIIPPONEN, JEFFREY A
Address: 4950 GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34116

Title: MGRM (X) Change ( ) Addition
Name: FENNELL, KENNETH C
Address: 4950 GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34116

I hereby certify that the information supplied with this filing does not qualify 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: JEFFREY A. PIIPPONEN MGRM 04/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date