2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 02, 2005 8:00 am Secretary of State **DOCUMENT # L02000002367** 05-02-2005 90109 010 ****50.00 1. Entity Name FJV PARTNERS, LLC Principal Place of Business Mailing Address 1900 OLD DIXIE HIGHWAY 1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946 FORT PIERCE, FL 34946 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 65-0039330 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARNELL, RICHARD M JR 1900 OLD DIXIE HIGHWAY Street Address (P.O. Box Number is Not Acceptable) FORT PIERCE, FL 34946 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 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, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES Addition TITLE ☐ Detete TITLE ☐ Change Robert W. Egan 1900 Old Dixie Highway NELSON, GREGORY P NAME NAME STREET ADDRESS 1900 OLD DIXIE HIGHWAY STREET ADDRESS FORT PIERCE, FL 34946 CITY-ST-ZIP Fort Pierce, FL 34946 CITY-ST-ZIP TITLE DVS ☐ Delete TITLE Change ☐ Addition GILET, JEAN J NAME NAME STREET ADDRESS 1900 OLD DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FL 34946 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition EGAN, GLEN W NAME NAME STREET ADDRESS 1900 OLD DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FL 34946 CITY-ST-ZIP ASDV/ ☐ Change TITLE ☐ Delete TITLE ☐ Addition CARNELL, RICHARD M JR NAME NAME STREET ADDRESS 1900 OLD DIXIE HWY STREET ADDRESS FORT PIERCE, FL 34946 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Richard M. Carnell,

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE VICE FIRSTORY

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