

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90013 030 \*\*\*\*50.00

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03212005 Chg-LLC CR2E083 (10/03)

|   |  |  |   |                               |  |
|---|--|--|---|-------------------------------|--|
| <b>DOCUMENT # L02000009737</b><br>1. Entity Name<br>FCW, LLC  |  |  |   |                               |  |
| Principal Place of Business<br>C/O MCGUIRE WOODS LLP<br>50 NORTH LAURA STREET, SUITE 3300<br>JACKSONVILLE, FL 32202   |  |  | Mailing Address<br>C/O MCGUIRE WOODS LLP<br>50 NORTH LAURA STREET, SUITE 3300<br>JACKSONVILLE, FL 32202   |                               |  |
| 2. Principal Place of Business<br><b>DANCIGER, EDGAR</b><br>Suite, Apt. #, etc.<br><b>2919 PONTE VEDRA BLVD</b>   |  |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br><br>   |                               |  |
| City & State<br><b>PONTE VEDRA Bch</b>  |  |  | City & State<br><br>  |                               |  |
| Zip<br><b>FL 32082</b>  |  | Country<br><b>U.S.A</b>                |   | Zip<br><br>                   |  |
| Country<br><br>   |  | 4. FEI Number<br><b>NOT APPLICABLE</b> |   |                               |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required   |  |  |   | Applied For<br>Not Applicable |  |
| 6. Name and Address of Current Registered Agent<br>RAX CO.<br>ATTN: DANIEL B. NUNN, JR.<br>50 NORTH LAURA STREET, SUITE 3300<br>JACKSONVILLE, FL 32202  |  |  | 7. Name and Address of New Registered Agent<br>Name <b>DANCIGER, EDGAR</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2919 PONTE VEDRA BLVD</b><br><b>PONTE VEDRA Bch</b> <b>FL</b> <b>32082</b> |                               |  |
| 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.<br>SIGNATURE <i>[Signature]</i> <span style="float: right;">May 1, 2005</span><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>                                 |  |  |   |                               |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |  |  | <b>Make check payable to<br/>Florida Department of State</b>  |                               |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>  |                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | P<br>DANCIGER, EDGAR<br>2129 PONTE VEDRA BLVD<br>PONTE VEDRA BEACH, FL 32082 | <input type="checkbox"/> Delete        |   |                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | SVP<br>PRACTOR, DALE<br>2129 PONTE VEDRA BLVD<br>PONTE VEDRA BEACH, FL 32082 | <input type="checkbox"/> Delete        |   |                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | ST<br>MORRIS, WILLIAM P<br>7530 OLD NURSERY RD<br>MACCLENNY, FL 32063        | <input type="checkbox"/> Delete        |   |                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <br>   | <input type="checkbox"/> Delete        |   |                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <br>   | <input type="checkbox"/> Delete        |   |                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <br>   | <input type="checkbox"/> Delete        |   |                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <br>   | <input type="checkbox"/> Delete        |   |                               |  |
| 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. |  |  |   |                               |  |
| SIGNATURE: <i>[Signature]</i> <span style="float: right;">May 1, 2005 904-826-0345</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>  |  |  |   |                               |  |