2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 11, 2008
Secretary of State

DOCUMENT# L02000015148

Entity Name: FPB, LLC

Current Principal Place of Business:

300 WEST PLATT STREET, #100
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

300 WEST PLATT STREET, #100
TAMPA, FL 33606

New Mailing Address:

FEI Number: 20-1315401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FARRIOR, REX
300 WEST PLATT STREET, #100
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FARRIOR, REX
Address: 300 WEST PLATT STREET, #100
City-St-Zip: TAMPA, FL 33606

Title: MGRM ( ) Delete
Name: BROCK, HEATHER
Address: 501 E. KENNEDY BLVD., #1600
City-St-Zip: TAMPA, FL 33602

Title: MGRM ( ) Delete
Name: PARKINSON, ED
Address: 501 E. KENNEDY BLVD., #1600
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: J. REX FARRIOR III MGRM 09/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date