2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000019662

1. Entity Name FCLĆ VERNON HILLS, LLC



Principal Place of Business

300 INTERNATIONAL PARKWAY STE. 130 HEATHROW, FL 32746

Mailing Address

300 INTERNATIONAL PARKWAY STE. 130 HEATHROW, FL 32746

FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90118 014 ****50.00

20053037



01052005 No Chg-LLC DO NOT WRITE IN THIS SPACE

CR2E083 (10/03)

4. FEI Number 01-0689614 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTY, KATHERINE A 300 INTERNATIONAL PARKWAY STE. 130 HEATHROW, FL 32746

DO NOT WRITE 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, 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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SELBY, THOMAS
STREET ADDRESS	300 INTERNATIONAL PKY STE 130
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exe	

DO NOT WRITE IN THIS SPACE

r the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am a managing member or manager of the eport as required by Chapter 608, Florida Statutes. limited liability company or the

SIGNATURE:

Momas .

Daytime Phone #