


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90242 039 \*\*\*\*50.00

<b>DOCUMENT # L02000019662</b>	
1. Entity Name FCLC 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
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20010162

2. Principal Place of Business 300 International Pkwy Suite, Apt. #, etc. Suite 300 Heathrow, FL. Zip 32746 Country USA	3. Mailing Address 300 International Pkwy Suite, Apt. #, etc. Suite 300 Heathrow, FL. Zip 32746 Country USA
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01072006 Chg-LLC CR2E083 (11/05)

4. FEI Number 01-0689614	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CHRISTY, KATHERINE A 300 INTERNATIONAL PARKWAY STE. 130 HEATHROW, FL 32746	7. Name and Address of New Registered Agent Name Christy, Katherine A Street Address (P.O. Box Number is Not Acceptable) 300 International Pkwy Suite 300 City Heathrow FL Zip Code 32736
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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  Katherine A. Christy 2/20/06  
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, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SELBY, THOMAS 300 INTERNATIONAL PKY STE 130 HEATHROW, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Selby Thomas 300 International Pkwy Suite 300 Heathrow, Fl. 32746 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  C. Thomas Selby 2/20/06 407-333-1604  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #