



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90169 040 \*\*\*138.75

<b>DOCUMENT # L02000019662</b> 1. Entity Name <b>FCLC VERNON HILLS, LLC</b>					
Principal Place of Business <b>300 INTERNATIONAL PARKWAY, SUITE 300 HEATHROW, FL 32746</b>			Mailing Address <b>300 INTERNATIONAL PARKWAY, SUITE 300 HEATHROW, FL 32746</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		01222008    Chg-LLC    CR2E083 (12/06)	
4. FEI Number <del>01-0000014</del>				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>FOREST, REBECCA H ESQ. C/O SHUFFIELD, LOWMAN &amp; WILSON, P.A. 1000 LEGION PLACE, SUITE 1700 ORLANDO, FL 32801</b>			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MGR</b> <input type="checkbox"/> Delete <b>CHRISTY, KATHERINE A</b> <b>300 INTERNATIONAL PARKWAY, SUITE 300</b> <b>HEATHROW, FL 32746</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MGR</b> <input type="checkbox"/> Delete <b>SELBY, C THOMAS</b> <b>300 INTERNATIONAL PARKWAY, SUITE 300</b> <b>HEATHROW, FL 32746</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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		
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.					
<b>SIGNATURE:</b>  <b>Katherine A Christy</b> 1-25-08    407-333-1604 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					

**60017711**

