

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90170 017 \*\*\*\*50.00

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01232006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L02000022574</b> 1. Entity Name <b>FCFR PROPERTIES, LLC</b>					
Principal Place of Business <b>5750 5TH AVE. NORTH ST. PETERSBURG, FL 33710</b>			Mailing Address <b>5750 5TH AVE. NORTH ST. PETERSBURG, FL 33710</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip      Country			4. FEI Number <b>06-1646639</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For  <input type="checkbox"/> Not Applicable       </div>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			6. Name and Address of Current Registered Agent  <b>CREIGHTON, ROBERT 5750 5TH AVENUE N. SAINT PETERSBURG, FL 33710</b>		
7. Name and Address of New Registered Agent  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)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</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	VP FLEETER, MICHAEL A 7243 HWY 301 SOUTH RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	TITLE <b>(NAME)</b> STREET ADDRESS CITY-ST-ZIP	<i>Martin Port, or his successor, as the trustee of the Martin Port 2003 Trvst, dated June 26, 2003, as amended</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CREIGHTON, ROBERT E 5750 5TH AVENUE NORTH SAINT PETERSBURG, FL 33710	<input type="checkbox"/> Delete	TITLE <b>(NAME)</b> STREET ADDRESS CITY-ST-ZIP	<i>4812 Beachway Dr Tampa, FL 33609</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRIEDMAN, KENNETH 1700 MCMULLEN BOOTH RD CLEARWATER, FL 33759	<input type="checkbox"/> Delete	TITLE <b>(NAME)</b> STREET ADDRESS CITY-ST-ZIP	<i>Barbara P. Port, or her successor, as the trustee of the Barbara P. Port 2005 Trvst, dated August 11, 2005, as amended.</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIVERA, JUAN J 6331 STATE ROAD 54 NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete	TITLE <b>(NAME)</b> STREET ADDRESS CITY-ST-ZIP	<i>4812 Beachway Dr. Tampa, FL 33609</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LABOHN, SCOTT M 6610 FOWLER AVE., #D TAMPA, FL 33617	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PORT, MARTIN 1919 SWANN AVENUE TAMPA, FL 33606	<input checked="" 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 606, Florida Statutes.					
<b>SIGNATURE:</b> <i>Robert Creighton</i> 2/3/06      727-384-5540 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					