


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90039 016 \*\*\*\*50.00

<b>DOCUMENT # L03000008944</b> 1. Entity Name FCLC TAMPA, LLC	
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Principal Place of Business 300 INTERNATIONAL PARKWAY, SUITE 300 HEATHROW, FL 32746	Mailing Address 300 INTERNATIONAL PARKWAY, SUITE 300 HEATHROW, FL 32746
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**60036035**



01092007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3750711	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  SELBY, C. THOMAS 300 INTERNATIONAL PARKWAY, SUITE 300 HEATHROW, FL 32746
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SELBY, C. THOMAS 300 INTERNATIONAL PKWY, STE 300 HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHRISTY, KATHERINE A 300 INTERNATIONAL PKWY STE 300 HEATHROW, FL 32746
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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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**3-1-07 407-333-1604**  
Date Daytime Phone #