## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L03000027628**

1. Entity Name FCLC HOUSTON, LLC



Principal Place of Business

e of Business Mailing

300 INTERNATIONAL PARKWAY SUITE 300

HEATHROW, FL 32746

Mailing Address

300 International Parkway Suite 300 Heathrow, FL 32746 FILED
Apr 13, 2007 8:00 am
Secretary of State
04-13-2007 90039 010 \*\*\*\*50.00



01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 54-2119895

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SELBY, C. THOMAS 300 INTERNATIONAL PARKWAY SUITE 300 HEATHROW, FL 32746

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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	
Fi De	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SELBY, C. THOMAS 300INTERNATIONAL PKWY, SUITE 300 HEATHROW, FL 32746		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHRISTY, KATHERINE A 300 INTERNATIONAL PKWY, SUITE 300 HEATHROW, FL 32746		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP			

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

Daytime Ph