AMENDED

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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SECRETARY OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

24064175

01072004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000028215

1. Entity Name
FCC INVESTORS, LLC

Principal Place of Business	Mailing Address
340 ROYAL POINCIANA WAY, SUITE 305 PALM BEACH, FL 33480	340 ROYAL POINCIANA WAY, SUITE 305 PALM BEACH, FL 33480

2. Principal Place of Business		3. Mailing Address	
515 N. Flagler Dr.		515 N. Flagler Dr.	
Suite, Apt. #, etc.: Suite 700		Suite, Apt. #, etc.: Suite 700	
City & State: West Palm Beach, FL		City & State: West Palm Beach, FL	
Zip: 33401	Country: US	Zip: 33401	Country: US

4. FEI Number: 14-1892603 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.
200 SOUTH BISCAYNE BLVD., 43RD FLOOR
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ______________________
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO, EVP Mark Sunshine 515 N. Flagler Dr., Ste. 700 West Palm Beach, FL 33401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mark Hogard Mark Hogard 4-28-04 (405) 917-1191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #