

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90038 023 ****50.00

DOCUMENT # L03000028219

1. Entity Name
FCC MANAGEMENT, LLC



Principal Place of Business
**515 N FLAGLER DR
STE 700
WEST PALM BEACH, FL 33401**

Mailing Address
**515 N FLAGLER DR
STE 700
WEST PALM BEACH, FL 33401**

20050578



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
14-1892604

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Mark A. Sunshine**

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

515 N. Flagler Drive, Ste 700

City **West Palm Beach**

FL

Zip Code **33401**

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 **Mark A. Sunshine Mgr**

4/26/05

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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
SUNSHINE, MARK
515 N FLAGLER DR, STE 700
WEST PALM BEACH, FL 33401** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Mgr
Mark Sunshine
515 N. Flagler Drive, Ste 700
West Palm Beach, FL 33401** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Mgr
John W. Kiefer
515 N. Flagler Dr., Ste 700
West Palm Beach, FL 33401** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Mgr
Sidney Kohl
515 N Flagler Dr. Ste 700
West Palm Beach, FL 33401** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Mgr
Allen Kohl
515 N Flagler Dr. Ste. 700
West Palm Beach, FL 33401** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Mgr
Dolores Kohl
515 N Flagler Dr. Ste. 700
West Palm Beach, FL 33401** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Mgr.
Ralph Loewenberg
515 N Flagler Dr. Ste 700
West Palm Beach, FL 33401** ☐ 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 A. Sunshine, Mgr 4/26/05 561-832-8270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #