2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028219

Entity Name: FCC MANAGEMENT, LLC

FILED Mar 08, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 515 N FLAGLER DR STE 700 WEST PALM BEACH, FL 33401 **New Mailing Address: Current Mailing Address:** 515 N FLAGLER DR STE 700 WEST PALM BEACH, FL 33401 FEI Number: 14-1892604 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SUNSHINE, MARK A 515 N FLAGLER DRVE SUITE 700 WEST PALM BEACH, FL 33401 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete SUNSHINE, MARK Name: Name: 515 N FLAGLER DR, STE 700 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition KIETER, JOHN W Name: KIEFER, JOHN W Name: Address: 515 N FLAGLER DR. STE 700 Address: 515 N FLAGLER DR. STE 700 City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: WEST PALM BEACH, FL 33401 Title: MGR () Delete Title: () Change () Addition KOHL, SIDNEY Name: Name: 515 N FLAGLER DR, STE 700 Address: Address: City-St-Zip: WEST PALM BEACH, FL 334014 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: KOHL, ALLEN Name: Address: 515 N FLAGLER DR, STE 700 Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: MGR () Delete Title: () Change () Addition KOHL, DOLORES Name: Name: 515 N FLAGLER DR, STE 700 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: () Delete Title: (X) Change () Addition LORWENBERG, RALPH LOEWENBERG, RALPH Name: Name: Address: 515 N FLAGLER DR, STE 700 Address: 515 N FLAGLER DR, STE 700 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MIRIAM GREENHUT SVP 03/08/2006