


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90105 030 ****50.00

DOCUMENT # L03000032005			
1. Entity Name FSC, L.L.C.			
Principal Place of Business 400 BATH CLUB BLVD. SOUTH NORTH REDINGTON BEACH, FL 33708		Mailing Address 400 BATH CLUB BLVD. SOUTH NORTH REDINGTON BEACH, FL 33708	
2. Principal Place of Business 2001 16th Street North Suite, Apt. #, etc.		3. Mailing Address P.O. Box 86146 Suite, Apt. #, etc.	
City & State St. Petersburg FL		City & State Madeira Beach, FL	
Zip 33704		Country USA	
4. FEI Number 20-0088506		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04292005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent JENSEN, PAUL C 5625 CENTRAL AVENUE ST. PETERSBURG, FL 33710		7. Name and Address of New Registered Agent Name Paul C. Jensen Street Address (P.O. Box Number is Not Acceptable) 2001 16th Street North City St. Petersburg FL Zip Code 33704	
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 <i>Paul Jensen</i> DATE 4/29/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	MGR MCWHORTER, J. STEVEN <input type="checkbox"/> Delete 400 BATH CLUB BLVD. SOUTH NORTH REDINGTON BEACH, FL 33708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR McWhorter, J. Steven <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2001-16th Street North St. Petersburg, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>J. Jensen Director</i>		Date 4/29/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

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