

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

05-02-2005 90118 009 ****50.00

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1. Entity Name
FCLC LEXINGTON, LLC



Principal Place of Business
300 INTERNATIONAL PARKWAY, SUITE 130
HEATHROW, FL 32746

Mailing Address
300 INTERNATIONAL PARKWAY, SUITE 130
HEATHROW, FL 32746

60000046



01052005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0500708

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 130
HEATHROW, FL 32746

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE D
NAME SELBY, C. THOMAS
STREET ADDRESS 300 INTERNATIONAL PARKWAY, SUITE 130
CITY-ST-ZIP HEATHROW, FL 32746

TITLE D
NAME CHRISTY, KATHERINE A
STREET ADDRESS 300 INTERNATIONAL PARKWAY, SUITE 130
CITY-ST-ZIP HEATHROW, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

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

Date

Daytime Phone #