

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90039 012 \*\*\*\*50.00

**DOCUMENT # L03000034532**

1. Entity Name  
FCLC LEXINGTON, LLC



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

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

60036039



01092007 No Chg-LLC

CR2E083 (11/05)

**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 300  
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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME SELBY, C. THOMAS  
STREET ADDRESS 300 INTERNATIONAL PKWY STE 300  
CITY-ST-ZIP HEATHROW, FL 32746

TITLE MGR  
NAME CHRISTY, KATHERINE A  
STREET ADDRESS 300 INTERNATIONAL PKWY STE 300  
CITY-ST-ZIP HEATHROW, FL 32746

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

3-1-07 407-333-1604