

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2008 08:00 A**  
**Secretary of State**

**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



01082008 No Chg-LLC

CR2E083 (12/07)

**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

CHRISTY, KATHERINE A  
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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SELBY, C. THOMAS 300 INTERNATIONAL PKWY STE 300 HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHRISTY, KATHERINE A 300 INTERNATIONAL PKWY STE 300 HEATHROW, FL 32746
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000000862937  
04/03/08-80073-005 138.75

**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 #

Katherine A. Christy 1/25/08 407-333-1604