

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037614

FILED
Feb 19, 2004
Secretary of State

Entity Name: F.P.C.B. REAL ESTATE HOLDINGS, LLC

Current Principal Place of Business:

121 CARVER ST.
ATTN: MRS. REBEKAH A. MAUL
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

121 CARVER ST.
ATTN: MRS. REBEKAH A. MAUL
BRANDON, FL 33511

New Mailing Address:

FEI Number: 20-0367586 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLT, ROBERT S
601 BAYSHORE BLVD., STE. 700
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: EVANS, GILBERT A
Address: 613 VALLE VISTA DRIVE
City-St-Zip: BRANDON, FL 33511

Title: MGR () Change (X) Addition
Name: MAUL, REBAKAH A REV
Address: 121 CARVER STREET
City-St-Zip: BRANDON, FL 33510

Title: MGR () Change (X) Addition
Name: NUGENT, JOHN T
Address: 3958 APPLGATE CIRCLE
City-St-Zip: BRANDON, FL 33511

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GILBERT A. EVANS MGR 02/19/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date