

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010249

Entity Name: F C REAL ESTATE LLC

FILED
Feb 15, 2007
Secretary of State

Current Principal Place of Business:

2699 COLLINS AVENUE #102
MIAMI BEACH, FL 33140

New Principal Place of Business:

1109 NORTH FEDERAL HWY
1
HOLLYWOOD, FL 33140

Current Mailing Address:

2699 COLLINS AVENUE #102
MIAMI BEACH, FL 33140

New Mailing Address:

5445 COLLINS AVENUE
M16
MIAMI BEACH, FL 33140

FEI Number: 42-1630390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALLE, CLAUDE
2699 COLLINS AVENUE #102
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

SALLE, CLAUDE
5445 COLLINS AVENUE
M16
MIAMI BEACH, FL 33140 US

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: CLAUDE SALLE

02/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CESAR, FRANTZ
Address: 133-68 245ST STREET
City-St-Zip: ROSEDALE, NY 11422

Title: MGRM () Delete
Name: SALLE, CLAUDE
Address: 2401 COLLINS AVE #1411
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: SALLE, CLAUDE
Address: 5445 COLLINS AVE #M16
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CLAUDE SALLE

MGRM

02/15/2007

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