

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000041442

**FILED**  
**Jul 01, 2005**  
**Secretary of State**

**Entity Name:** FCCI LAND HOLDINGS, LLC

**Current Principal Place of Business:**

10343 SE 110TH STREET ROAD  
BELLEVIEW, FL 34420

**New Principal Place of Business:**

**Current Mailing Address:**

10343 SE 110TH STREET ROAD  
BELLEVIEW, FL 34420

**New Mailing Address:**

**FEI Number:** 14-1910742      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BOWLIN, MYRON K  
10343 SE 110TH STREER TOAD  
BELLEVIEW, FL 34420    US

**Name and Address of New Registered Agent:**

BOWLIN, MYRON K  
10343 SE 110TH STREET ROAD  
BELLEVIEW, FL 34420    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: \_\_\_\_\_

Electronic Signature of Registered Agent

07/01/2005

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: BOWLIN, MYRON K  
Address: 10343 SE 110TH STREET ROAD  
City-St-Zip: BELLEVIEW, FL 34420

**ADDITIONS/CHANGES:**

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

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: MYRON BOWLIN

MGRM

07/01/2005

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