

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000041531

Entity Name: F C 1, L.L.C.

**FILED**  
**Oct 19, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

88005 OVERSEAS HIGHWAY, PMB 10-162  
ISLAMORADA, FL 33036

**New Principal Place of Business:**

**Current Mailing Address:**

88005 OVERSEAS HIGHWAY, PMB 10-162  
ISLAMORADA, FL 33036

**New Mailing Address:**

1914-2A FOREST DRIVE  
SUITE 2A  
ANNAPOLIS, MD 21401

FEI Number: 20-1259881      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:**

RUDOLPH, RONALD W ESQ  
9200 SOUTH DADELAND BLVD. SUITE NO. 308  
MIAMI, FL 33156      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: RONALD W RUDOLPH

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: GARDNER, ERNIE L  
Address: 88005 OVERSEAS HIGHWAY, PMB 10-162  
City-St-Zip: ISLAMORADA, FL 33036

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: GARDNER, EARNIE L  
Address: 88005 OVERSEAS HIGHWAY, PMB 10-162  
City-St-Zip: ISLAMORADA, FL 33036

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: EARNIE L GARDNER

MGRM

10/19/2005

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