2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 09, 2008 8:00 am
Secretary of State
08-19-2008 90027 007 ***138.75
09-09-2008 90031 032 ***400.00

DOCUMENT # L04000058406

1. Entity Name
FP PARTNERS LLC

Principal Place of Business	Mailing Address
680 ANDERSON DR FOSTER PLAZA TEN PITTSBURGH, PA 15220	680 ANDERSON DR FOSTER PLAZA TEN PITTSBURGH, PA 15220

50010219

03042008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1454751
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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: X CORPORATION SERVICE COMPANY 8/13/08
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	MGR
NAME	KREPS, DOUGLAS
STREET ADDRESS	680 ANDERSON DR FOSTER PLAZA TEN
CITY-ST-ZIP	PITTSBURGH, PA 15220
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: X [signature] 8/13/08 412-921-1822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

D. KREPS