


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 14, 2006 8:00 am
Secretary of State

05-01-2006 90069 008 ****50.00

DOCUMENT # L04000087285 1. Entity Name FGC, LLC																	
Principal Place of Business 206 SAN JOSE DRIVE DUNEDIN, FL 34698 US			Mailing Address 206 SAN JOSE DRIVE DUNEDIN, FL 34698 US														
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country														
4. FFI Number 04272008 Chg-LLC CR2E083 (11/05)			Applied For <input checked="" type="checkbox"/> Not Applicable														
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			6. Name and Address of Current Registered Agent CHAROS, FRED 206 SAN JOSE DRIVE DUNEDIN, FL 34698														
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHAROS, FRED</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>206 SAN JOSE DRIVE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>DUNEDIN, FL 34698</td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	NAME	CHAROS, FRED		STREET ADDRESS	206 SAN JOSE DRIVE		CITY- ST- ZIP	DUNEDIN, FL 34698	
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NAME	CHAROS, FRED																
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10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			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.			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition															
NAME																	
STREET ADDRESS																	
CITY- ST- ZIP																	
SIGNATURE <u>Fred Charos</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>4-28-06</u> <small>Date</small>		Daytime Phone # _____ <small>Daytime Phone #</small>													

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