

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1/

FILED
Jun 14, 2006 8:00 am
Secretary of State
05-01-2006 90069 008 ****50.00

Zip Country Zip Country 8. Certificate of Status Desired \$5.00 Addition. 6. Name and Address of Current Registared Agent 7. Name and Address of New Registered Agent 8. Name 1. Name	DOCUI 1. Entity Nam FGC, LLC		'285				05-01-20	906 900	69 008 *	***50.00
Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State Application of Status Desired \$ 5.50 Annual Present Agent Fill Reported Agent City & State Address of Current Registered Agent T. Name and Address of New Rephatered Agent City & State Address (P.O. Box Number is Not Acceptable) Steel Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Cod	206 SAN JOS	E DRIVE	206 SAN JOSE DRIVE	US		l literro i	i i darın orası ağırın elemi gör	in Pasar (95): 18		
City & State City & FL Zip Code City FL Zi	2. Principal P	tace of Business	3. Mailing Address		-					
Zip Country Zip Country 8. Certificate of Status Desired \$5.00 Application of Status Desired Appent	Suite, Apt.	#, etc.	Sulta, Apt. #, etc.			04272006 Chg-LLC CR2E083 (11/05)				
B. Marine and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Name Name	City & State	6	City & State			4, FEI Numi	her			plied For Applicable
CHAROS, FRED 206 SAN JOSE DRIVE DUNEDIN, FL 34698 City City FL Zip Code City FL	Zip	Country	Zip	Coun	ity	5. Certificat	e of Status Desired			
Size Address (P.O. Box Number is Not Acceptable) City FL Zip Code			Registered Agent		Name	7. Name an	d Address of New R	egistered .	Agent	
City FL Zip Code B. The above named onliny 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 it the obligations of registered agent. SIGNATURE Signal, nord or provise name or registered agent. (MOTE Registered Agent Rehalts required then remaining) DATE	206 SAN J	IOSE DRIVE			Street Address (P.O. Box Num	ber is Not Acceptable	3)		
B. The above named onliny submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Plorida. I am territiar with, and if the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE FIlling Fee to \$50.00 Due by May 1, 2008 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITML MARK CHAROS, FRED SIRETADORSS CITY-51-2P UNNED IN. FL 34698 CITY-51-2P ITML MARK SIRETADORSS CITY-51-2P ITML MARK SIRETADORSS CITY-51-2P ITML MARK SIRETADORSS CITY-51-2P TIML MARK SIRETADORSS CITY-51-2P Change Chan	DOMEDIN	:			City	-		ĒI	Zip Code	
THE OBIGNATURE SQUALMS. TOTAL OF provided regions and size of appointments. (MOTE: Registered Agent ingressions recovered when information) Filtings Face its \$50,000 Plue by May 1, 2008 Plotted by May 2, 2	B. The above	named entity submits this statement for	or the ourpose of changing its	register		red agent, or b	oth, in the State of Fk		• <u> </u>	
MANA CHAROS, FRED SINGET ADDRESS CITY-51-2IP ITTLE MANA SIREET ADDRESS CITY-51-2IP ITTLE MANA	·.	lling Fee Is \$50.00	and site if applicable. (NOT	E: Regulara	d Agent signiture required	f when remetating)		e check s		,
ANALE STREET ADDRESS CITY-ST-JIP CITIE MANALE STREET ADDRESS CITY-ST-JIP	9.			_			ADDITIONS,	CHANGES		
TITLE MANE STREET ADDRESS CITY-ST-ZIP ITTLE MANE STREET	NAME STREET ADDRESS	CHAROS, FRED 206 SAN JOSE DRIVE	□ Delete	STRE	E Et adoress				(Change	Addition
NAME SITEET ADDRESS CITY-ST-ZIP TITLE Delete INTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete INTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME Street address		C3 Octobe	STRE	E Et address			···.	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE MAKE STREET ADDRES	NAME STREET ADDRESS		☐ Deleta	MAM STRE	E ET ADORESS				☐ Change	Addition
WAVE STREET ADDRESS CITY - ST - ZIP 11. I hereby certify that the information supplied with this liting does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information for contained in Chapter 119, Florida Statutes. I further certify that the information is 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 contained in Chapter 119.	VAME STREET ADDRESS		Oeteta .	NAM STRE	E ET ADORESS				Change	Addition
NAME STREE ADDRESS CITY-ST-ZIP 11. Thereby 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 formation for 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 same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a manager of the same legal effect as if made under oath; that I am a manager of the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath its legal effect as if made under oath its legal effect as if made under oath its l	NAME Street adoress		□ Deleta	NAM Stre	E EET ADDRESS				Change	☐ Addition
Indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that if am a managing member or manager of the	NAME Street address		☐ Delete	NAM STRE	E ET ADORESS				☐ Change	Addition
SIGNATURE	Indicated liz	on this report is true and accurate and ability company or the receiver or trusts	d that my signature shall have	the same	e legal effect as if n	nade under os:	th; that I am a manag a Statutes.	ging memb	er or manage	mation of the