2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# L04000089133

Entity Name: FCP, LLC

Current Principal Place of Business:

7014 STONE HEDGE DRIVE
ORLANDO, FL 32819 US

New Principal Place of Business:

5286 WEST COLONIAL DRIVE
ORLANDO, FL 32808 US

Current Mailing Address:

7014 STONE HEDGE DRIVE
ORLANDO, FL 32819 US

New Mailing Address:

5286 WEST COLONIAL DRIVE
ORLANDO, FL 32808 US

FEI Number: 42-1656048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAW OFFICES OF KASHMIRA I. BHAVSAR, P.A.
1053 MAITLAND CENTER COMMONS
2ND FLOOR
MAITLAND, FL 32751 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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BADALOO, PREMANAND
Address: 7014 STONE HEDGE DRIVE
City-St-Zip: ORLANDO, FL 32819 US

Title: MGRM ( ) Delete
Name: BADALOO, KAWALIE
Address: 7014 STONE HEDGE DRIVE
City-St-Zip: ORLANDO, FL 32819 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BADALOO, PREMANAND
Address: 1056 COASTAL CIRCLE
City-St-Zip: OCOEE, FL 34761 US

Title: MGRM (X) Change ( ) Addition
Name: BADALOO, KAWALIE
Address: 1056 COASTAL CIRCLE
City-St-Zip: OCOEE, FL 34761 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PREMANAND BADALOO MGRM 04/18/2006

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