


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90242 033 \*\*\*\*50.00


<b>DOCUMENT # L04000090248</b>		
1. Entity Name FCLC INVESTMENT, LLC		

Principal Place of Business 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746	Mailing Address 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746
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20010168

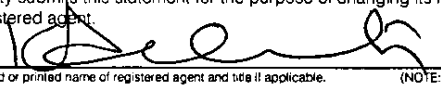
2. Principal Place of Business 300 International Pkwy	3. Mailing Address 300 International Pkwy
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Suite 300

City & State Heathrow, Fl.	City & State Heathrow, Fl.
Zip 32746	Country USA

	
01072006 Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-2011105	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  CHRISTY, KATHERINE A ESQ 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746	
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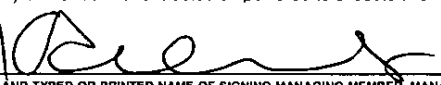
7. Name and Address of New Registered Agent Name Christy, Katherine A Street Address (P.O. Box Number is Not Acceptable) 300 International Pkwy Suite 300 City Heathrow, Fl. 32746 FL Zip Code 32746	
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8. The above named entity submits this statement for 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  Katherine A. Christy 2/20/06	DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SELBY, C. THOMAS <input type="checkbox"/> Delete 300 INTERNATIONAL PKWY., STE. 130 HEATHROW, FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Selby C Thomas <input type="checkbox"/> Change <input type="checkbox"/> Addition 300 International Pkwy Suite 300 Heathrow, Fl. 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHRISTY, KATHERINE A. <input type="checkbox"/> Delete 300 INTERNATIONAL PKWY., STE. 130 HEATHROW, FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Christy, Katherine A <input type="checkbox"/> Change <input type="checkbox"/> Addition 300 International Pkwy Suite 300 Heathrow, Fl. 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE:  Katherine A. Christy 2/20/06 407-333-1604	DATE	DAYTIME PHONE #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		