

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90039 003 \*\*\*\*50.00

**DOCUMENT # L05000061337**

1. Entity Name  
FCLC (BOULDER CREEK), LLC



Principal Place of Business  
300 INTERNATIONAL PARKWAY  
SUITE 300  
HEATHROW, FL 32746

Mailing Address  
300 INTERNATIONAL PARKWAY  
SUITE 300  
HEATHROW, FL 32746

**60036048**



01092007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3026512

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CHRISTY, KATHERINE A ESQ  
300 INTERNATIONAL PARKWAY  
SUITE 300  
HEATHROW, FL 32746

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME CHRISTY, KATHERINE A  
STREET ADDRESS 300 INTERNATIONAL PKWY SUITE 300  
CITY-ST-ZIP HEATHROW, FL 32746

TITLE MGR  
NAME SELBY, C. THOMAS  
STREET ADDRESS 300 INTERNATIONAL PKWY SUITE 300  
CITY-ST-ZIP HEATHROW, FL 32746

TITLE  
NAME  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-1-07 407-333-1604