

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066208

Entity Name: FHC GROUP, LLC

FILED  
Apr 30, 2006  
Secretary of State

**Current Principal Place of Business:**

160 NE 46 STREET  
MIAMI, FL 33137 US

**New Principal Place of Business:**

**Current Mailing Address:**

160 NE 46 STREET  
MIAMI, FL 33137 US

**New Mailing Address:**

P.O. BOX 370326  
MIAMI, FL 33137 US

FEI Number: 72-1602878

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CALIXTE, WILDY  
160 NE 46 STREET  
MIAMI, FL 33137 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: CALIXTE, WILDY  
Address: 160 NE 46 STREET  
City-St-Zip: MIAMI, FL 33137 US

Title: MGRM ( ) Delete  
Name: FORTUNE, OLGIV  
Address: 160 NE 46 STREET  
City-St-Zip: MIAMI, FL 33137 US

Title: MGRM ( ) Delete  
Name: HARRIS, JAMES D  
Address: 458 NE 77 STREET  
City-St-Zip: MIAMI, FL 33138 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WILDY CALIXTE

MGRM

04/30/2006

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