

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003205

Entity Name: FPS HOLDINGS ONE, LLC

FILED
Apr 19, 2007
Secretary of State

Current Principal Place of Business:

1041 CASCADE CIRCLE
APT. 301
ROCKLEDGE, FL 32955

New Principal Place of Business:

1015 JACARANDA CIRCLE
ROCKLEDGE, FL 32955

Current Mailing Address:

1041 CASCADE CIRCLE
APT. 301
ROCKLEDGE, FL 32955

New Mailing Address:

1015 JACARANDA CIRCLE
ROCKLEDGE, FL 32955

FEI Number: 27-0143955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PANDZA, PETAR
1041 CASCADE CIRCLE
APT. 301
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

PANDZA, PETAR
1015 JACARANDA CIRCLE
ROCKLEDGE, FL 32955 US

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: PETAR PANDZA

04/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PANDZA, PETAR
Address: 1041 CASCADE CIRCLE, APT. 301
City-St-Zip: ROCKLEDGE, FL 32955

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PANDZA, PETAR
Address: 1015 JACARANDA CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGR () Change (X) Addition
Name: BALINT-PANDZA, PATRICIA C
Address: 1015 JACARANDA CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

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: PETAR PANDZA

MGR

04/19/2007

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