

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000010858

**FILED**  
**Apr 04, 2007**  
**Secretary of State**

**Entity Name:** FCLT, LLC

**Current Principal Place of Business:**

6510 CELLINI ST.  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

6510 CELLINI ST.  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

**FEI Number:** 20-4246354      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** ( )

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

MARTELL, FRANK J  
6510 CELLINI ST  
CORAL GABLES, FL 33146 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: MARTELL, FRANK J  
Address: 6510 CELLINI ST  
City-St-Zip: CORAL GABLES, FL 33146 US

Title: MGRM ( ) Delete  
Name: MARTELL, CARLOS  
Address: 5941 SW 83 ST  
City-St-Zip: SOUTH MIAMI, FL 33143 US

**ADDITIONS/CHANGES:**

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: FRANK J MARTELL

MGRM

04/04/2007

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