


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-13-2007 90039 018 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT #</b> L06000061356             |  |
| <b>1. Entity Name</b><br>FCREG-CONROE, LLC |   |

|  |  |
|--|--|
| <b>Principal Place of Business</b><br>300 INTERNATIONAL PARKWAY, SUITE 300<br>HEATHROW, FL 32746 | <b>Mailing Address</b><br>300 INTERNATIONAL PARKWAY, SUITE 300<br>HEATHROW, FL 32746 |
|--|--|

|   |                           |
|---|---------------------------|
| <b>2. Principal Place of Business - No P.O. Box #</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                                   | Suite, Apt. #, etc.       |
| City & State  | City & State              |
| Zip   | Country                   |



01092007 Chg-LLC CR2E083 (12/06)

|                      |  |
|----------------------|--|
| <b>4. FEI Number</b> | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |
|----------------------|--|

|  |                                       |
|--|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$5.00 Additional Fee Required</b> |
|--|---------------------------------------|

|  |   |
|--|---|
| <b>6. Name and Address of Current Registered Agent</b><br>FOREST, REBECCA H ESQ.<br>SHUFFIELD, LOWMAN & WILSON, P.A.<br>1000 LEGION PLACE, SUITE 1700<br>ORLANDO, FL 32801 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
|--|---|

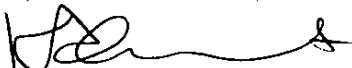
**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

|  |  |      |
|--|--|------|
| <b>SIGNATURE</b><br>Signature, typed or printed name of registered agent and title if applicable | (NOTE: Registered Agent signature required when reinstating) | DATE |
|--|--|------|

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|---|--|
| <b>Filing Fee is \$50.00 Due by May 1, 2007</b> | <b>Make check payable to Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>CHRISTY, KATHERINE A<br>300 INTERNATIONAL PARKWAY, SUITE 300<br>HEATHROW, FL 32746 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>SELBY, C. THOMAS<br>300 INTERNATIONAL PARKWAY, SUITE 300<br>HEATHROW, FL 32746 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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.**

|  |                                     |
|--|-------------------------------------|
| <b>SIGNATURE:</b>                 | <b>3-1-07 407-333-1604</b>          |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date Daytime Phone #</small> |