## **2007 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT** DOCUMENT #L06000106425



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

04-13-2007 90039 021 \*\*\*\*50.00

FCREP26 PHILIPPINE (HOUSTON), LLC										
Principal Place of Business 300 INTERNATIONAL PARKWAY, SUITE 300 HEATHROW, FL 32746			Mailing Address 300 INTERNATIONAL PARKWAY, SUITE 300 HEATHROW, FL 32746		 	18/18 8/11/ 1884/ 1884/ 188	<b>F</b> i 11 <b>5</b> 11 <b>5 5</b> 110 <b>6</b> 11111	CININ MURI CIII		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01092007	Chg-LLC	CR2E08	3 (12/06)		
City & State			City & State		4. FEI Numbe	er		<u> </u>	olied For Applicable	
Zip	Country		Zip	Country			of Status Desired	□ ř	5.00 Addi	
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New R	legistered Ag	jent	
FOREST, REBECCA H 1000 LEGION PLACE, SUITE 1700 ORLANDO, FL 32801					Street Address (	P.O. Box Numbe	er is Not Acceptabl	e)		
									T	
					City	FL Zip Code				
	named entity ions of registe		the purpose of changing its	registere	ed office or register	ed agent, or bot	h, in the State of Fl	orida. I am fa	miliar with, a	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
	Signature, typed t	or printed name or registered agent as	io use it applicable. (NOT	E: MADIZIBLE	a yčesir zičirstas iedalier	( when remsizering)	<del></del>	DATE		
Filing Fee is \$50.00 Due by May 1, 2007							Make check payable to Florida Department of State			
9.		MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE NAME	MGR   CHRISTY	KATHERINE A	☐ Delete	TITL					☐ Change	☐ Addition
STREET ADDRESS	1	RNATIONAL PARKWAY	, SUITE 300		ET ADDRESS					
CITY-ST-ZIP		OW, FL 32746		CITY	-ST-ZIP		,			
TITLE NAME	MGR Delete SELBY, C. THOMAS		TITL	l l				☐ Change	☐ Addition	
STREET ADDRESS	1	, SUITE 300		EET ADDRESS						
CITY-ST-ZIP	HEATHRO	OW, FL 32746		CITY	- ST- ZIP					
TITLE			☐ Delete	TITU					☐ Change	☐ Addition
NAME STREET ADDRESS				NAM STRI	EET ADDRESS					
CITY-ST-ZIP				CITY	-ST-ZIP					:
TITLE									☐ Change	☐ Addition
NAME			☐ Delete	TITL					Change	
CIDEET ADDRESS			☐ Delete	NAM	IE.				Change	_
STREET ADDRESS CITY-ST-ZIP			L Delete	NAM STRI					Change	
			☐ Delete	NAM STRI	EET ADDRESS '-ST-ZIP				☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME		<u></u>		NAM STRI CITY TITL NAM	EET ADDRESS '-ST-ZIP E					☐ Addition
CITY-\$T-ZIP				NAM STRI CITY TITL NAM STRI	EET ADDRESS '-ST-ZIP					☐ Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADORESS				NAM STRI CITY TITL NAM STRI	EET ADDRESS  F-ST-ZIP  E  EET ADDRESS  (-ST-ZIP					☐ Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME			☐ Delete	NAM STRI CITY TITL NAM STRI CITY TITL	EET ADDRESS '-ST-ZIP EET ADDRESS '-ST-ZIP EET ADDRESS				☐ Change	:
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Delete	NAM STRIC CITY TITL NAM STRIC CITY TITL NAM STRIC	EET ADDRESS  '-ST-ZIP  E  EET ADDRESS  '-ST-ZIP  E				☐ Change	:

Thereby betting that the information supplied with this litting does not quality for the exemptions contained in Chapter 119, Horida Statutes. 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-1-07