

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90370 048 \*\*\*\*50.00

<b>DOCUMENT # L06000116136</b> 1. Entity Name <b>FP PREFERRED, LLC</b>			
Principal Place of Business <b>536 N. MONROE STREET TALLAHASSEE, FL 32301</b>		Mailing Address <b>536 N. MONROE STREET TALLAHASSEE, FL 32301</b>	
2. Principal Place of Business - No P.O. Box # <b>117 E. Georgia St</b> Suite, Apt. #, etc.		3. Mailing Address <b>117 E. Georgia St</b> Suite, Apt. #, etc.	
City & State <b>Tallahassee FL</b> Zip <b>32301</b>		City & State <b>Tallahassee FL</b> Zip <b>32301</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired: <input type="checkbox"/> \$5.00 Additional Fee Required		02082007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>FULLER, DENNIS R 536 N. MONROE STREET TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name <b>Fuller, Dennis R</b> Street Address (P.O. Box Number is Not Acceptable) <b>117 E. Georgia St</b> City <b>Tallahassee</b> FL Zip Code <b>32301</b>	
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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FULLER, DENNIS R 536 N. MONROE STREET TALLAHASSEE, FL 32301	TITLE NAME STREET ADDRESS CITY - ST - ZIP	In GRM Fuller, Dennis R 117 E Georgia St Tallahassee FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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>		Date _____ Daytime Phone # _____	

30002778





ATTACHMENT

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

30002778

February 28, 2007

FP PREFERRED, LLC  
117 E GEORGIA ST  
TALLAHASSEE, FL 32301

*This is a single member LLC  
and a FEI # is not required.*

Subject: FP PREFERRED, LLC

Reference Number:

L06000116136

*Dennis Fuller  
850 205 9025*

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/sh

ANNUAL REPORTS SECTION