2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT



FILED Mar 28, 2008 8:00 am Secretary of State

DOCUMENT # L06000119946 1. Entity Name FC 27, LLC							03-28-200	8 90169	013 ***1.	38.75	
Principal Plac 300 INTERNA HEATHROW,	ATIONAL PA	s RKWAY, SUITE 300	Mailing Address 300 INTERNATIONAL PARKWAY, SUITE 300 HEATHROW, FL 32746		1 (2011)			rns i sin sigis si			
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			0108200	8 Chg-LLC	CR2EC	83 (12/06)		
City & State			City & State			4. FEI Nui	nber 8072213		⊢	plied For t Applicable	
Zip	Country		Zip Coun		itry		ate of Status Desired		\$5.00 Add Fee Require		
6. Name and Address of Current Registered Agent						7. Name a	and Address of New F	tegistered .	Agent		
						Name					
FOREST, REBECCA H ESQ. SHUFFIELD, LOWMAN & WILSON, P.A. 1000 LEGION PLACE, SUITE 1700					Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO), FL 328	01			City	·			Zip Cod	e	
					Oity			FL	• Zip Cou	<u> </u>	
	named entit ions of regis	ty submits this statement for stered agent.	the purpose of changing its	register	ed office or re	gistered agent, or	both, in the State of Flo	orida. I am	familiar with,	and accept	
SIGNATURE .	Signature typed	d or printed name of registered agent at	nd title il applicable (NOT	F: Registere	d Agent signature r	equired when reinstating		DATE			
<u> </u>	-						, <u> </u>		•		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							I	te check p a Departm	ayable to ent of State	: 9	
9. *:		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGES			
TITLE	MGR		☐ Delete	TITL	E				Change	Addition	
NAME '	: CHRISTY, KATHERINE A		NAM		IE .				_ •		
STREET ADDRESS	300 INTE	RNATIONAL PARKWAY	/, SUITE 300 STRE		ET ADDRESS						
CITY-ST-ZIP	HEATHR	OW, FL 32746	CITY		-ST-ZIP						
TITLE ,	MGR		☐ Delete	TITL	E				☐ Change	☐ Addition	
NAME	-	C. THOMAS	NAM								
STREET ADDRESS 300 INTERNATIONAL PARKWAY			, SUITE 300	ET ADDRESS							
CITY-ST-ZIP	HEATHR	OW, FL 32746		-	-ST-ZIP						
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TITLE NAME			☐ Delete	TITL					Change	☐ Addition	
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
· .	L certify that th	ne information supplied with	this filing does not qualify fo			sined in Chanter 1	19. Florida Statutes 1 f	urther certif	v that the info	ormation	
indicatéd	on this repo	ort is true and accurate and to any or the receiver or trustee	that my signature shall have	the sam	e legal effect :	as if made under o	oath; that I am a mana	ging memb	er or manage	er of the	

1-24-08 407-333-1604 Date Daylime Phone #