

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000122253

FILED  
May 01, 2010  
Secretary of State

Entity Name: FBIP, L.L.C.

**Current Principal Place of Business:**

700 WEST MORSE BOULEVARD SUITE 220  
WINTER PARK, FL 32789

**New Principal Place of Business:**

700 WEST MORSE BLVD.  
220  
WINTER PARK, FL 32789

**Current Mailing Address:**

700 WEST MORSE BOULEVARD SUITE 220  
WINTER PARK, FL 32789

**New Mailing Address:**

700 WEST MORSE BLVD.  
220  
WINTER PARK, FL 32789

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

B & C CORPORATE SERVICES OF CENTRAL FLORID  
390 NORTH ORANGE AVE SUITE 1400  
ORLANDO, FL 32801 US

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: MGR  
Name: SCIARRINO, MICHAEL J  
Address: 700 WEST MORSE BOULEVARD SUITE 220  
City-St-Zip: WINTER PARK, FL 32789

Title: MGR  
Name: MISSIGMAN, PAUL M  
Address: 700 WEST MORSE BOULEVARD SUITE 220  
City-St-Zip: WINTER PARK, FL 32789

Title: MGR  
Name: CULP, W.SCOTT  
Address: 700 WEST MORSE BOULEVARD SUITE 220  
City-St-Zip: WINTER PARK, FL 32789

I hereby 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: PAUL M. MISSIGMAN

MGR

05/01/2010

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