Α	D LIABILITY COMPANY ANNUAL REPORT 1999 FEE Annual Report \$100.00		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS Corporation Supplemental	99 11	PILE CRETARY I ON OF COR	OT STATE RPORATIONS	
\$ 188.	.75 Make Check Payable	To: FLOR	IDA DEPARTMENT OF STAT				
	and Mailing Address ted Liability Company DOCU	MENT	T# 197000000489				
FCI (TAMPA), L.C. 2701 N. ROCKY PT. DR., STE. 990 TAMPA FL 33607				2701 N.	1a. Principal Place of Business Address 2701 N. ROCKY PT. DR., STE. TAMPA FL 33607		
2 Principa	al Place of Business	2a. Maili	ing Address	3. Date Organize		1	
Suite, Apt.	#, etc.	Suite, Ap	ot #, etc.	05/06/1	997	FL	
City & Stat	ie.	City & St	ate	59-3447	011	Applied For	
City & Stat	ic.	City & Si	aie	5. Date of Last R		Not Applicable 6. Certificate of Status Desired	
Zip	Country	Zip	Country	04/03/1	•	\$8.75 Additional Fee Required	
	7. Name and Address of Curren	t Registered	Agent	8. Name and Address		stered Agent/Office	
its register	nt to the provisions of Sections 608 416 ed office or registered agent, or both, in the red agent, and accept the obligations.	ie State of Flo	Vida Such change was authorized by af ESIGNA-(U.Y.2 A)		of the membe		
10. Title	Managing Members/Manage		Business Street Add	ess	City	y. State and Zip Code	
мем	TRANS PACIFIC SH	IPPI,	22 FL., CENTRAL	TOWER, 28	CENTE	AL, HONG KONG	
MEM	ZHANG, JING X 2/01 N. ROCKY PT.			T. DR., STE	TAMPA	Λ ŀ·Lı	
				er; (10 H111 -057 ***	フミア2 ロ15 12799-01007022 *188 75 *** *188.7	
indicated o Iimited liabi attachment	reby certify that the information supplied went this annual report is true and accurate all the company or the receiver or trustee elevation and address.	and that my s	signature shall have the same legal offe	ct as if niade under oath.	that I am a ma , and that my r	anaging member or manager of the name appears in Block 10, or on an	