

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003197

Entity Name: FIPCO, L.L.C.

FILED
May 02, 2005
Secretary of State

Current Principal Place of Business:

1820 CHERRY STREET
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

1844 CHERRY STREET
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-3611373 FEI Number Applied For () FEI Number Not Applicable () 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:

FREEMAN, ROBERT O
1844 CHERRY STREET
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGRM () Delete
Name: FREEMAN, VICTORIA R
Address: 1844 CHERRY STREET
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: MGRM () Delete
Name: FREEMAN, ROBERT O
Address: 1844 CHERRY STREET
City-St-Zip: JACKSONVILLE, FL 32205 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: ROBERT O FREEMAN

MGRM

05/02/2005

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