

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009342

1. Entity Name
FCXM, L.L.C.

FILED

01 MAY -4 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5030 WEST COLONIAL DRIVE
ORLANDO FL 32808

Mailing Address
5030 WEST COLONIAL DRIVE
ORLANDO FL 32808



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4444 Curry Ford Rd
Suite, Apt. #, etc.

3. Mailing Address
4444 Curry Ford Rd
Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Orlando FL

Zip
32812

Country
USA

Zip
32812

Country
USA

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SHIRLEY, JONATHAN W
171 CIRCLE DRIVE
MAITLAND FL 32751

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

1000004342061-0
-06/05/01--01076--007
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACARTHUR, ALLEN 5030 WEST COLONIAL DRIVE ORLANDO FL 32808	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: Allen MacArthur 4-27-01 (407) 201-2432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #