

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90046 014 \*\*\*\*50.00

**DOCUMENT # L99000009344**

1. Entity Name  
**FCXF, L.L.C.**



Principal Place of Business  
**4444 CURRY FORD ROAD  
ORLANDO FL 32812**

Mailing Address  
**4444 CURRY FORD ROAD  
ORLANDO FL 32812**

**20007137**

2. Principal Place of Business

3. Mailing Address

**400 N. Bumby Ave**

**400 N. Bumby Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Orlando FL**

**Orlando FL**

Zip

Country

Zip

Country

**32803**

**USA**

**32803**

**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3710786**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACARTHUR, ALLEN G  
4444 CURRY FORD RD  
ORLANDO FL 32812**

Name **MacArthur Allen**  
Street Address (P.O. Box Number is Not Acceptable)  
**400 N. Bumby Ave**  
City **Orlando** FL Zip Code **32803**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Allen MacArthur**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/10/03**  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR**  
NAME **MACARTHUR, ALLEN**  
STREET ADDRESS **4444 CURRY FORD RD**  
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **MGR**  
NAME **MacArthur, Allen**  
STREET ADDRESS **400 N. Bumby Ave**  
CITY-ST-ZIP **Orlando FL 32803**

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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/10/03**  
Date

Daytime Phone #

CR2E083 (10/02)