


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02000002341</b> 1. Entity Name FPRO-104, LLC	
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Principal Place of Business 2465 CAMPUS DRIVE IRVINE, CA 92612	Mailing Address 2465 CAMPUS DRIVE IRVINE, CA 92612
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**DO NOT WRITE IN THIS SPACE**



04022007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2289878	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TECOLOTE RESOURCES, INC. 2465 CAMPUS DRIVE IRVINE, CA 92612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURDEN, GREGORY J 2465 CAMPUS DRIVE IRVINE, CA 92612
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U00000704865  
04/23/07-80028-008 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *SE Telestom Controuler* *4/2/07* *949-797-2000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #