2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

ANNUAL KEPUK I			Secretary of State	
DOCUMENT # M0400000	0872		500	iciary of State
FCH MANAGEMENT LLC	·			
Principal Place of Business 3003 TAMIAMI TRAIL NORTH, SUITE 400 NAPLES, FL 34103	Mailing Address 3003 TAMIAMI TRAIL NORTH, NAPLES, FL 34103	Suite 400		
	And the second s			
DO NOT WRITE IN THIS SPACE		CE	03232005 No Chg-LLC	CR2E083 (10/03)
)	4. FEI Number 20-0790204 5. Certificate of Status Desired	Applied For Not Applicable \$5.00 Additional
6. Name and Address of Current	Pagistared Scent	, -, -,	5. Cerimoste of Status Desired	Fee Required
6. Name and Address of Current	negistered Agent	-	5.1 -	
CORPORATION SERVICE COMPANY 1201 HAYS STREET			DO NOT WE	RITE
TALLAHASSEE, FL 32301-2525			IN THIS SPA	ACE
The above named entity submits this statement to the obligations of registered agent.	or the purpose of changing its register	red office or register	red agent, or both, in the State of Florid	da. I am familiar with, and accept
SIGNATURE Signature, typed of printed name of registered agent	and title if applicable	ed Agent signature required	I whon reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2005	<u></u>			
9. MANAGING MEMB	ERS/MANAGERS		TO STATE OF THE ST	
NAME HORRIDA CITRUS HOLDINGS I STREET ADDRESS 3003 TAMIAMI TRAIL NORTH, I CITY-ST-ZIP NAPLES, FL 34103		}	· <u></u>	
TITLE				358871 80132-006 50.00
NAME - STREET ADDRESS		1	00/ 04/ 00	80132-008 30.00
CITY-ST-ZIP	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	_}		
TITLE NAME		······································	··	•
STREET ADDRESS			DO NOT WI	RITE
CITY-ST-ZIP	<u> </u>			
TITLE NAME		I	IN THIS SP	ACE
STREET ADDRESS CITY-ST-ZIP		1		
TITLE	5	1-		
NAME		1		

11. I hereby certify that the information supplied with this fling 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 and the receiver of trustee.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

STEPHEN W. MAN

4/26/05

(239) 261-4455

Daytime Phone #