## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M05000003595

Entity Name: FCE PROPERTIES HOLDINGS, LLC

FILED Feb 06, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

485 N. KELLER ROAD, SUITE 501 4700 MILLENIA BLVD MAITLAND, FL 32751 500

ORLANDO, FL 32839

**Current Mailing Address: New Mailing Address:** 

485 N. KELLER ROAD, SUITE 501 4700 MILLENIA BLVD MAITLAND, FL 32751 500

ORLANDO, FL 32839

FEI Number: 20-2391177 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOODWIN, JAMES W 201 N. FRANKLIN STREET, SUITE 2000 TAMPA, FL 33602

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/MANAGERS:

ADDITIONS/CHANGES:

MGRM Title: (X) Change ( ) Addition () Delete HOLMES, THOMAS R HOLMES, THOMAS R Name: Name:

485 N. KELLER ROAD, SUITE 501 Address: 4700 MILLENIA BLVD STE 500 Address:

City-St-Zip: MAITLAND, FL 32751 City-St-Zip: ORLANDO, FL 32839

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition MCDONNELL, MARK A Name: MCDONNELL, MARK A Name:

Address: 485 N. KELLER ROAD, SUITE 501 Address: 4700 MILLENIA BLVD STE 500

City-St-Zip: MAITLAND, FL 32751 City-St-Zip: ORLANDO, FL 32839

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition WILLMOT, CHRISTOPHER WILLMOT, CHRISTOPHER Name: Name: 485 N. KELLER ROAD, SUITE 501 4700 MILLENIA BLVD STE 500 Address: Address:

City-St-Zip: MAITLAND, FL 32751 City-St-Zip: ORLANDO, FL 32839

( ) Delete Title: MGRM Title: MGRM (X) Change ( ) Addition

LEV, BRUCE L Name: LEV, BRUCE L Name:

4700 MILLENIA BLVD STE 500 Address: 485 N. KELLER ROAD, SUITE 501 Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: ORLANDO, FL 32839

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LANCE J STOUFFER 02/06/2006