

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90235 046 ***138.75

DOCUMENT # M05000003595

1. Entity Name

FCE PROPERTIES HOLDINGS, LLC



Principal Place of Business

4700 MILLENIA BLVD
500
ORLANDO, FL 32839

Mailing Address

4700 MILLENIA BLVD
500
ORLANDO, FL 32839



01082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2391177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
HOLMES, THOMAS R
4700 MILLENIA BLVD STE 500
ORLANDO, FL 32839

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MCDONELL, MARK A
4700 MILLENIA BLVD STE 500
ORLANDO, FL 32839

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
WILMOT, CHRISTOPHER
4700 MILLENIA BLVD STE 500
ORLANDO, FL 32839

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LEV, BRUCE L
4700 MILLENIA BLVD STE 500
ORLANDO, FL 32839

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

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

3/11/08

Date

407-965-5902

Daytime Phone #