

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
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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	

**DO NOT WRITE
 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 #