

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 30, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90059 025 \*\*\*\*50.00

<b>DOCUMENT # M05000006164</b>					
<b>1. Entity Name</b> FCSL PROPERTIES, LLC					
<b>Principal Place of Business</b> ONE INDEPENDENT DRIVE, SUITE 1300 C/O JOHN M. WELCH JACKSONVILLE, FL 32202			<b>Mailing Address</b> ONE INDEPENDENT DRIVE, SUITE 1300 C/O JOHN M. WELCH JACKSONVILLE, FL 32202		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04282006    Chg-LLC    CR2E083 (11/05)	
<b>4. FEL Number</b> 20-3734730				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				30009104 	
<b>6. Name and Address of Current Registered Agent</b>  F&L CORP. ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FCSL PROPERTIES MEMBER, LLC ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Ron Bamback</u> (RON BAMBACKS)			<b>4/28/06 90460-7722</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date    Daytime Phone</small>		



ATTACHMENT

30009104

FOLEY & LARDNER LLP  
ATTORNEYS AT LAW

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CLIENT/MATTER NUMBER  
056221/0101

May 26, 2006

Annual Reports Section  
Division of Corporations  
Florida Department of State  
P.O. Box 6478  
Tallahassee, FL 32314

Re: FCSL Properties, LLC  
Reference Number: M05000006164

Ladies and Gentlemen:

Enclosed is the annual report for the above-reference limited liability company. Block 4 has been completed with the federal employer identification number (20-3734730).

Very truly yours,

Deborah P. Barnes  
Assistant to John M. Welch, Jr.

Enclosure

cc: Mr. Ron Bambacus