

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 18, 2008 8:00 am
Secretary of State

08-18-2008 90050 045 ***538.75

DOCUMENT # M05000006164

1. Entity Name
FCSL PROPERTIES, LLC



Principal Place of Business
ONE INDEPENDENT DRIVE, SUITE 1300
C/O JOHN M. WELCH
JACKSONVILLE, FL 32202

Mailing Address
ONE INDEPENDENT DRIVE, SUITE 1300
C/O JOHN M. WELCH
JACKSONVILLE, FL 32202

60046452



08052008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3734730

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

F&L CORP.
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME FCSL PROPERTIES MEMBER, LLC
STREET ADDRESS ONE INDEPENDENT DRIVE, SUITE 1300
CITY-ST-ZIP JACKSONVILLE, FL 32202

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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

Date

Daytime Phone #

8/6/08 904-737-5520