

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90061 010 ****50.00

DOCUMENT # M06000006720

1. Entity Name
FC-THC LEASING, LLC



Principal Place of Business
1035 POWERS PLACE
ALPHARETTA, GA 30004

Mailing Address
1035 POWERS PLACE
ALPHARETTA, GA 30004



04102007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5793842

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WHITMAN, ARNOLD M
STREET ADDRESS	1035 POWERS PLACE
CITY- ST- ZIP	ALPHARETTA, GA 30004
TITLE	MGR
NAME	SERTICH, CHRISTOPHER M
STREET ADDRESS	1035 POWERS PLACE
CITY- ST- ZIP	ALPHARETTA, GA 30004
TITLE	MGR
NAME	LEARSY, SERGE A
STREET ADDRESS	C/O 1650 TYSONS BLVD., SUITE 1600
CITY- ST- ZIP	MCLEAN, VA 22102
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

Christopher M. Sertich
Christopher M. Sertich

4/10/07

Date

770-754-9660

Daytime Phone #