2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# M06000006720

Entity Name: FC-THC LEASING, LLC

Current Principal Place of Business:

1035 POWERS PLACE
ALPHARETTA, GA 30004

New Principal Place of Business:

Current Mailing Address:

1035 POWERS PLACE
ALPHARETTA, GA 30004

New Mailing Address:

FEI Number: 20-5793842 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WHITMAN, ARNOLD M
Address: 1035 POWERS PLACE
City-St-Zip: ALPHARETTA, GA 30004

Title: MGR ( ) Delete
Name: SERTICH, CHRISTOPHER M
Address: 1035 POWERS PLACE
City-St-Zip: ALPHARETTA, GA 30004

Title: MGR ( ) Delete
Name: LEARSY, SERGE A
Address: C/O 1650 TYSONS BLVD., SUITE 1600
City-St-Zip: MCLEAN, VA 22102

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: CHILSON, JOHN
Address: C/O 1650 TYSONS BLVD., SUITE 1600
City-St-Zip: MCLEAN, VA 22102

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTINA K FIRTH A 04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date