2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M9900000576 1. Entity Name FC VENTURE I, L.L.C.						SECRETALLY OF STATE DIVISION OF CORPORATIONS			
24 FRANK LLOYD WRIGHT DR., LOBBY L. 4TH FL ANN ARBOR MI 48106-0544 24 FRANK LLOYD WRIGHT DR., LOBBY L. 4TH FL ANN ARBOR MI 48105-9755									
					1	TO STATE OF THE ST	C ula a a la e a c ula a c ara a c ula e	iden en leer	
Principal Place of Business Address			 ,				AND ARION REPORT AND AND A	ieele eili leel	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	e	City & State	City & State		4. FEI Number Applied For				
		Zip Cour		tru	Not Applicable 5. Cartificate of Status Posited \$5.00 Additional			ot Applicable	
Zip 			Cour		<u> </u>	ficate of Status Desired	Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
C T CORPORATION SYSTEM				Street Address (P.O. Box Number is Not Acceptable)					
1200 SOL PLANTATI									
			City			FL Zip Code	e		
8. The above	named entity submits this statement to	or the purpose of changing i	its register	Led office or register	red agent,	or both, in the State of Florida	l a.		
SIGNATURE									
	Signature, typed or printed name of registered agent			d Agent signature required	I when reinstati	ng)	DATE		
		I .		FEE IS \$50.00 o Department o	f State				
9.	MANAGING MEME	BERS/MEMBERS	10.			ADDITIONS/CH	IANGES		
TITLE WAME STREET ADDRESS CITY-ST-ZIP	24 HANK LEOTO WHIGHT DR. LODDI E 41111E			ľ	;	2000031 3 -02/11/00	□ Change 3 2112 — 3010140(
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NAME STREET ADDRESS CITY-ST-ZIP	02 DEVONSHIRE 31., E203			E ET ADDRESS - 87- ZIP					
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NAME STREET ADDRESS			STRI	ET ADDRESS					
CITY- 8T- ZIP TITLE		☐ Defects	TITLE	- 81- ZIP E	-	1	Change	Addition	
NAME STREET ADDRESS			NAM STRI	E ET ADDRESS					
CITY-87-ZIP				- 8T- ZIP					
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STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - 87- ZIP	•				
TITLE	·	☐ Delete	TITL	i i			Change	Addition	
NAME STREET ADDRESS		·		E ET AGURESS - 81- ZIP					
V1. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 moster empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNAT		TURD. REQUINTED HAME OF SIGNING MANAGIN			1-	28-00 (73	4) 994-66 Daytime Phone #	105	