


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000016111

1. Entity Name
F ASSOCIATES, LLC



Principal Place of Business Mailing Address

2800 ISLAND BLVD., #2702 **2800 ISLAND BLVD., #2702**
AVENTURA, FL 33160 **AVENTURA, FL 33160**

DO NOT WRITE IN THIS SPACE



04212005No Chg-LLC CP2E083 (10/03)

4. FEI Number Applied For
65-0917047 Not Applicable

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

6. Name and Address of Current Registered Agent

FRAYND, FANNY
2800 ISLAND BLVD., #2702
AVENTURA, FL 33160

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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)

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FRAYND, FANNY
STREET ADDRESS	2800 ISLAND BLVD., #2702
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	D
NAME	FRAYND, MARCOS
STREET ADDRESS	1835 MIAMI GARDENS DRIVE #144
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/26/05-80043-007 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.

SIGNATURE:  Date: **05/21/2005** Daytime Phone #: **(786) 252-6651**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE