


AUG. 23. 2005 4:24PM STARR & CO LLC

NO. 3127 P. 1

### 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 29 AM 11:05

DOCUMENT # L01000000718			
1. Entity Name FRIDAY HOLDINGS LLC			
Principal Place of Business 811 SOUTHARD ST KEY WEST, FL 33040		Mailing Address 811 SOUTHARD ST KEY WEST, FL 33040	
2. Principal Place of Business <i>do STARR 850 3RD AVE</i>		3. Mailing Address <i>do STARR 850 3RD AVE</i>	
Suite, Apt. #, etc. <i>15TH FL</i>		Suite, Apt. #, etc. <i>15TH FL</i>	
City & State <i>NY NY</i>		City & State <i>NY NY</i>	
Zip <i>10022</i>		Country <i>USA</i>	
Zip <i>10022</i>		Country <i>USA</i>	
4. FEI Number 22-3778979		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent PEARLSTINE, NORMAN 811 SOUTHARD ST. KEY WEST, FL 33040		7. Name and Address of New Registered Agent Name <i>Pearlstone, NORMAN</i> Street Address (P.O. Box number is not acceptable) <i>2435 HOLLYWOOD BLVD</i> <i>Miller Schwartz &amp; Miller</i> City <i>Hollywood</i> FL Zip Code <i>33020</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)</small>			
Filing Fee is \$50.00 Due by September 7, 2005		Major check payable to Florida Department of State	
B. MANAGING MEMBERS/MANAGERS		C. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEARLSTINE, NORMAN <input type="checkbox"/> Delete 811 SOUTHARD ST KEY WEST, FL 33040	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Pearlstone, NORMAN</i> <i>do Miller, Schwartz 2435 Hollywood Blvd</i> <i>Hollywood FL 33020</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Delete FRIDAY, NANCY 811 SOUTHARD ST KEY WEST, FL 33040	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>X Norman Pearlstone</i>		Date: <i>Aug. 24, 2005</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF EACH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	