2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000001828

1. Entity Name
FONTAINEBLEAU II 910, LLC

Principal Place of Business	Mailing Address
% STONE & PESTCOE, P.A. 150 SOUTH PINE ISLAND RD., SUITE 540 PLANTATION, FL 33324	P.O. BOX 220236 GREAT NECK, NY 11022 US

DO NOT WRITE IN THIS SPACE

01142005No Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0881073

☐ Applied For
☐ Not Applicable

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

5. Name and Address of Current Registered Agent

PESTCOE, SCOTT L
% STONE & PESTCOE, P.A.
150 S. PINE ISLAND RD., SUITE 540
PLANTATION, FL 33324

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6. 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 $60.00
Due by May 1, 2005

7. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KANDOV, YURY
STREET ADDRESS	P.O. BOX 220236
CITY-ST-ZIP	GREAT NECK, NY 11022
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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 trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: Y Kandov 4/27/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #