


FILED
Mar 08, 2004 8:00 am
Secretary of State

02-23-2004 90343 027 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

| | | | |
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| DOCUMENT # L03000001834 | |  | |
| 1. Entity Name FONTAINEBLEAU II 1609, LLC | | | |
| Principal Place of Business % STONE & PESTCOE, P.A./WESTSIDE CORP CTR 150 SOUTH PINE ISLAND ROAD, SUITE 540 PLANTATION, FL 33324 | | Mailing Address % STONE & PESTCOE, P.A./WESTSIDE CORP CTR 150 SOUTH PINE ISLAND ROAD, SUITE 540 PLANTATION, FL 33324 | |
| 2. Principal Place of Business | | 3. Mailing Address <i>PO Box 200236</i> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State <i>Great Neck, NY</i> | |
| Zip | Country | Zip <i>11028</i> | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| PESTCOE, SCOTT L % STONE & PESTCOE, P.A./WESTSIDE CORP CTR 150 SOUTH PINE ISLAND ROAD, SUITE 540 PLANTATION, FL 33324 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 remaining.</small> | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGR KANDOV, MICHAEL 40 FLEET STREET FOREST HILLS GARDENS, NY 11375 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <i>MEM</i> <i>Kandov, M. Chas</i> <i>PO Box 200236</i> <i>Great Neck, NY 11028</i> <input checked="" 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 |
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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 608, Florida Statutes. | | | |
| SIGNATURE: <i>Michael Kandov</i> | | Date: <i>3/8/04</i> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | |