


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90229 035 \*\*\*\*50.00

DOCUMENT # L05000019424

1. Entity Name  
**FEROCHE LLC**



Principal Place of Business  
**3301 NE 23 AVE.**  
**LIGHTHOUSE POINT, FL 33064**

Mailing Address  
**3301 NE 23 AVE.**  
**LIGHTHOUSE POINT, FL 33064**

2. Principal Place of Business - No P.O. Box #  
**411 E. COMMERCIAL BLVD**

3. Mailing Address  
**P.O. BOX 23276**

Suite, Apt. #, etc.

City & State  
**FORT LAUDERDALE, FL**

City & State  
**FORT LAUDERDALE, FL**

Zip  
**33334**

Country  
**USA**

Zip  
**33307**

Country  
**USA**



01102007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-2413328**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FERRIE, EDWARD B**  
**411 E COMMERCIAL BLVD**  
**FORT LAUDERDALE, FL 33334**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
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, 2007**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERRIE, EDWARD B 3301 NE 23 AVE. LIGHTHOUSE POINT, FL 33064 <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 exemptions contained in Chapter 119, 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: Edward B Ferrie 1/10/07 954-205-9224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #