

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000098938

Entity Name: FF REALTY PARTNERS, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-2261730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIELDSTONE, RONALD R ESQ.
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: FIELDSTONE, RONALD R
Address: 201 ALHAMBRA CIRCLE, SUITE 601
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR () Change (X) Addition
Name: FIELDSTONE, LINDA B
Address: 201 ALHAMBRA CIRCLE, SUITE 601
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR () Change (X) Addition
Name: FIELDSTONE, MICHAEL B
Address: 201 ALHAMBRA CIRCLE, SUITE 601
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RONALD R. FIELDSTONE

MGR

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date