


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000003115 1. Entity Name FR BROKERAGE SERVICES, INC.	
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Principal Place of Business 6302 BENJAMIN ROAD, SUITE 400 TAMPA, FL 33634	Mailing Address 6302 BENJAMIN ROAD, SUITE 400 TAMPA, FL 33634
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-4215593	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FIRST INDUSTRIAL, L.P. 6302 BENJAMIN ROAD, SUITE 400 TAMPA, FL 33634

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000164771 07/09/04-80003-005 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD YAP, JOHANNSON 311 SOUTH WACKER DRIVE, SUITE 4000 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLAYTON, JOHN 311 S. WACKER DRIVE, SUITE 4000 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, RONALD M 6302 BENJAMIN ROAD, SUITE 400 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOK, ARNE 7615 GOLDEN TRIANGLE DRIVE EDEN PRAIRIE, MN 55344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLER, MARK 16750 WESTGROVE DR., #300 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Ronald M. Smith</u> <u>Ronald M. Smith</u> <u>7/2/04</u> <u>813-884-6161</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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