

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90024 002 ****55.00

DOCUMENT # L00000008241 1. Entity Name FERRELL REAL ESTATE GROUP, L.L.C.					
Principal Place of Business 201 SOUTH BISCAYNE BLVD., 34TH FLOOR MIAMI, FL 33131			Mailing Address 201 SOUTH BISCAYNE BLVD., 34TH FLOOR MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1025912	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FERRELL GROUP CORPORATE SERVICES, LLC 201 SOUTH BISCAYNE BLVD., 34TH FLOOR MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 MGRM	<input type="checkbox"/> Delete		TITLE Manager	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FERRELL GROUP HOLDING COMPANY LLC	STREET ADDRESS 201 SOUTH BISCAYNE BLVD SUITE 3400		NAME 	STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33131			CITY-ST-ZIP		
TITLE VP	<input checked="" type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ZUMPARO, JOSEPH I	STREET ADDRESS 201 S BISCAYNE BLVD 34TH FLOOR		NAME 	STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33131			CITY-ST-ZIP		
TITLE S	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DA CASTIGLIONE, MAYRA C	STREET ADDRESS 201 S BISCAYNE BLVD, 34TH FLOOR		NAME 	STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33131			CITY-ST-ZIP		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 	STREET ADDRESS		NAME 	STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 	STREET ADDRESS		NAME 	STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP		
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 608, Florida Statutes.					
SIGNATURE: <i>Mayra C. Da Castiglione</i>			Date: <i>4/21/04</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Daytime Phone #: <i>305-371-8585</i>		