


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90216 020 \*\*\*\*50.00

DOCUMENT # L01000001392

1. Entity Name  
 F & C KOCHEN, L.L.C.



Principal Place of Business  
 67 NE 17 TERRACE  
 MIAMI, FL 33132

Mailing Address  
 67 NE 17 TERRACE  
 MIAMI, FL 33132

2. Principal Place of Business  
 7401 NW 32 Ave Reale

3. Mailing Address  
 7401 NW 32 ave Reale

Suite, Apt. #, etc.

City & State  
 Miami FL

City & State  
 Miami, FL

Zip  
 33147

Country  
 USA

6. Name and Address of Current Registered Agent  
 KOCHEN, CARLOS  
 67 NE 17 TERRACE  
 MIAMI, FL 33132

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
 7401 NW 32 Avenue Reale

City  
 Miami

State  
 FL

Zip Code  
 33147

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 reconstituting)

**Filing Fee is \$50.00 Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOCHEN, CARLOS 67 NE 17 TERRACE MIAMI, FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7401 NW 32 Ave Reale MIAMI FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOCHEN, FANNIE 67 NE 17 TERRACE MIAMI, FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7401 NW 32 Ave Reale MIAMI FL 33147
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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
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
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

11. I hereby certify that the information submitted 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 03-02-06 305-693-8400

Daytime Phone #