

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

01-24-2002 90114 030 ****50.00

DOCUMENT # L01000001447

1. Entity Name

FSR BROAD STREET PROPERTIES, L.L.C.

Principal Place of Business

12362 OAKWIND PLACE
 SEMINOLE FL 33772

Mailing Address

12362 OAKWIND PLACE
 SEMINOLE FL 33772

13707



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3721793

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSS, FRANK B
12362 OAKWIND PLACE
SEMINOLE FL 33772

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.

SIGNATURE

Frank B. Moss

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/02

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP
Frank Moss
12362 Oakwind Place
Seminole, Florida 33772

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP
Sheldon Moss
185 Trachings Lane
Alpharetta, Georgia 30022

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP
Rosanne Kauss
5026 Old Branch Court
Atlanta, Georgia 30338

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP
President

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP
Vice-President

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP
Secy./Treasurer

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 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:

Frank B. Moss

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

1/15/02

Date

707/393-0024

Daytime Phone #

CR2E03 (9/01)