


2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 14 AM 11:50

DOCUMENT # L01000004761 1. Entity Name F.F. STATION, LLC	
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Principal Place of Business 78 W CHURCH STREET STE 130 ORLANDO, FL 32801	Mailing Address PO BOX 3149 ORLANDO, FL 32802
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2. Principal Place of Business 127 West church st.	3. Mailing Address 127 West Church St
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Suite, Apt. #, etc. Suite 350	Suite, Apt. #, etc. Suite 350
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10112005 Chg-LLC CR2E083 (10/03)

City & State ORLANDO, FL	City & State ORLANDO, FL
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4. FEI Number 59-3717131	Applied For Not Applicable
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Zip 32801	Country USA	Zip 32801	Country USA
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name LOUIS J. PEARLMAN
Street Address (P.O. Box Number is Not Acceptable) 127 West Church Street
Suite Suite 350
City ORLANDO
State FL
Zip Code 32801

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 <input checked="" type="checkbox"/>  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE October 11, 2005
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Amended AR is \$50.00	Make check payable to Florida Department of State
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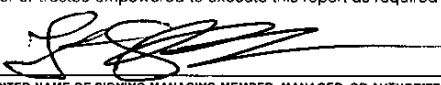
9. MANAGING MEMBERS/MANAGERS

TITLE	P <input checked="" type="checkbox"/> Delete KLING, ROBERT I
STREET ADDRESS	78 W CHURCH STREET STE 130
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	MANAGING member (MGRM) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LOUIS J. PEARLMAN
STREET ADDRESS	127 West Church St, Suite 350
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	300060634703
CITY-ST-ZIP	10/14/05--01073--012 **55.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: <input checked="" type="checkbox"/>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date 10/11/05	Daytime Phone # (407) 345-0001
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