## 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # L01000004761 1. Entity Name F.F. STATION, LLC 05 OCT 14 AM 11:50 Principal Place of Business Mailing Address **78 W CHURCH STREET** PO BOX 3149 ORLANDO, FL 32802 **STE 130** ORLANDO, FL 32801 2. Principal Place of Business 3. Mailing Address 127 West church 127 West Church St Suite, Apt. #, etc. Suite, Apt. #, etc. 10112005 Chq-LLC CR2E083 (10/03) Suite 350 Suite 350 City & State City & State 4. FEI Number Applied For Orlando 59-3717131 Not Applicable 3<u>2801</u> \$5.00 Additional 5. Certificate of Status Desired 328*0* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent めいら ゴー Pearlman C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Mc350 City Orlando 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 Make check payable to Amended AR is \$50.00 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MANAGING MEMBER (MGRM) TITLE Delete TITLE LOUIS J' PEARLMAN NAME KLING, ROBERT I NAME 127 West Church Sty. Soilte 350 STREET ADDRESS 78 W CHURCH STREET STE 130 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIP ORLANDO FL 3280) TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE Change Addition NAME NAME 300060634703 10/14/05--01073--012 \*\*\*55 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED