

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000019183**

1. Entity Name
FF, L.L.C.

Principal Place of Business
**560 N.W. 165 STREET ROAD
MIAMI FL 33169**

Mailing Address
**560 N.W. 165 STREET ROAD
MIAMI FL 33169**

FILED
Jun 12, 2002 8:00 am
Secretary of State

05-22-2002 90220 030 ****50.00

92619



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2800 Island Blvd		3. Mailing Address 2800 Island Blvd	
Suite, Apt. #, etc. 2702		Suite, Apt. #, etc. 2702	
City & State Aventura, Fla.		City & State Aventura, Fla.	
Zip 33160	Country DADE	Zip 33160	Country DADE

4. FEI Number FEIN 73-1636851	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ROZENCWAIG, LESLIE ALAN P.A.
1 S.E. 3RD AVENUE, SUITE 960
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **FANNY FRAYND**
Street Address (P.O. Box Number is Not Acceptable)
2800 Island Blvd # 2702
City **Aventura** FL Zip Code **33160**

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 DATE **04/30/02**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM D FRAYND, FANNY 560 N.W. 165 STREET ROAD MIAMI FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 **04/30/02** DAYTIME PHONE # **(305) 495-7684**

CR2E083 (9/01)