

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000020640

**FILED**  
**Jun 29, 2005**  
**Secretary of State**

**Entity Name:** FRIEDMAN PROPERTY ONE, LLC

**Current Principal Place of Business:**

601 JIM MORAN BLVD  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

601 JIM MORAN BLVD  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

**FEI Number:** 65-1155737      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FRIEDMAN, ERNIE  
601 N.W. 12TH AVE.  
DEERFIELD BEACH, FL 33442      US

**Name and Address of New Registered Agent:**

FRIEDMAN, ERNIE  
601 JIM MORAN BLVD.  
DEERFIELD BEACH, FL 33442      US

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: ERNIE FRIEDMAN

06/29/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P      ( ) Delete  
Name: FAISOMAN, ERNIE  
Address: 601 JIM MORAN BLVD  
City-St-Zip: DEERFIELD BEACH, FL 33442

**ADDITIONS/CHANGES:**

Title: P      (X) Change ( ) Addition  
Name: FRIEDMAN, ERNIE  
Address: 601 JIM MORAN BLVD  
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ERNIE FRIEDMAN

MM

06/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date