2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Feb 06, 2004 8:00 am **Secretary of State DOCUMENT # L02000003446** 1. Entity Name 02-06-2004 90165 020 ****50.00 F B P MANAGEMENT LLC Principal Place of Business Mailing Address 5615 LAGO DEL SOL DRIVE LAKE WORTH FL 33467 5615 LAGO DEL SOL DRIVE LAKE WORTH FL 33467 2. Principal Place of Business 1106 FloRentine MOORE CR2E083 (11/03) Applied For 4. FEI Number 04-3601430 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMOTHE, FERNAND CA Street Address (P.O. Box Number is Not Acceptable) 1401 DEWEY STREET HOLLYWOOD FL 33316 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. **X** Change TITLE MGR ☐ Delete TITLE ☐ Addition 1106 Florentine Way Boynton Black F/33426 NAME NAME PLANTE, FERNAND STREET ADDRESS STREET ADDRESS 5615 LAGO DEL SOL DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 MGR ☐ Delete TITLE ☐ Addition TITLE PLANTE, BEATRICE NAME NAME 1106 Florentine Way Boynton Beach Fl 33426 STREET ADDRESS 5615 LAGO DEL SOL DRIVE STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE 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.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATÍVE

FILED