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FILED
May 29, 2003 8:00 am
Secretary of State

05-02-2003 90575 024 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000004527

1. Entity Name
FFWP, L.L.C.

44002894

Principal Place of Business	Mailing Address
37 EAST INDIANTOWN ROAD, SUITE 8 C/O DENHOLTZ ASSOCIATES JUPITER, FL 33477	37 EAST INDIANTOWN ROAD, SUITE 8 C/O DENHOLTZ ASSOCIATES JUPITER, FL 33477

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
580 Village Blvd		580 Village Blvd	
Suite, Apt #, etc. Suite 300		Suite, Apt #, etc. Suite 300	
City & State West Palm Beach, FL		City & State West Palm Beach	
Zip 33409	Country Palm Beach	Zip 33409	Country Palm Beach

4. FEI Number 26-0063015 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DENHOLTZ, STEWART F
37 EAST INDIANTOWN ROAD, SUITE 8
C/O DENHOLTZ ASSOCIATES
JUPITER, FL 33477

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 580 Village Blvd

Suite 300

City West Palm Beach FL Zip Code 33409

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 4/21/03

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Manager NAME McNamara Colleen J STREET ADDRESS 2201 N Lakeside Drive CITY-ST-ZIP Lake Worth, FL 33460	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: COLLEEN J MCNAMARA 4/17/03 561 242-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #