2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 20, 2005 08:00 AN Secretary of State DOCUMENT # L02000017514 1. Entity Name FRB ONE, LLC Principal Place of Business Mailing Address 5709 N. OCEAN BOÛLEVARD OCEAN RIDGE FL 33435 US 5709 N. OCEAN BOULEVARD OCEAN RIDGE FL 33435 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) Applied For City & State 4. FEI Number City & State 55-0835450 Not Applicable \$5.00 Additional Zip Country Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KIRK GRANTHAM, P.A. Street Address (P.O. Box Number is Not Acceptable) 1860 FOREST HILL BOULEVARD 105 WEST PALM BEACH FL 33406 Zip Code 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. DATE Signature, typed or printed name of registered agent and little it applicable. - (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES 9. MANAGING MEMBERS / MANAGERS 10. Change Addition MGRM ☐ Delete WILE 11111 U00000367742 05/20/05-80003-016 50.00 NAME NAME BERNHEIM, FRED STREET ADDRESS 5709 N. OCEAN BOULEVARD STREET ADDRESS CITY ST-782 CITY - ST - ZIP OCEAN RIDGE FL 33435 П Сhалое ☐ Addition HILF Delete THIF NAME NAME STREET ADDRESS STREET ADORESS CITY - ST - ZIP C114-S1-7/P ☐ Change Addition Delete TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete THEE Change DILE MALÆ STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP Addition Change Delete DIVE TITLE NAM STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP MILE Delete 11111 Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP

11. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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

Daytime Phone #