FILED
Mar 12, 2004 08:00 AM
Secretary of State

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000018579

1. Entity Name
FRANMAR HOLDINGS, LLC

Principal Place of Business	Mailing Address
10400 S.W. 187 STREET MIAMI, FL 33157	10320 SW 71 AVE MIAMI, FL 33156

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01232004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
22-3879310
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MURAI WALD BIONDO & MORENO, P.A.
900 INGRAHAM BUILDING
25 S.E. 2ND AVENUE
MIAMI, FL 33131

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000086865
03/12/04-80043-015 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	POLLOCK, DORE
STREET ADDRESS	10320 SW 71ST AVE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	MGRM
NAME	BERMONT, PETER
STREET ADDRESS	7301 SW 8CT
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Dore Pollock 3/10/04 (305) 2535086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #