2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State
02-22-2005 90071 037 ****50.00

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02102005 Chg-LLC CR2E083 (10/03)

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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

2. Principal Place of Business	3. Mailing Address
19301 SW 108 Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami	City & State
Zip: 33157 Country: DAde	Zip Country

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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.

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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	POLLOCK, DORE	
STREET ADDRESS	10320 SW 71ST AVE	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	MGRM	☐ Delete
NAME	BERMONT, PETER	
STREET ADDRESS	7301 SW 8CT	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
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TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
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.

SIGNATURE: Dore Pollock 2/17/05 305-3002620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #