

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L02000034055**

1. Entity Name  
**FURST FLORIDA ASSET MANAGEMENT LLC**



Principal Place of Business  
**6542 HYPOLUXO ROAD, #284  
LAKE WORTH FL 33467**

Mailing Address  
**6542 HYPOLUXO ROAD, #284  
LAKE WORTH FL 33467**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**



**DO NOT WRITE IN THIS SPACE**

04152005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**81-0586411**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CAPOTE, BEATRIZ M ESQ  
799 BRICKELL PLAZA, SUITE 700  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstalling)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
FURSTEIN, ADAM C  
6542 HYPOLUXO ROAD, #284  
LAKE WORTH, FL 33467**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000337304  
04/27/05-80163-004 \$0.00

**DO NOT WRITE  
IN THIS SPACE**

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: Adam C. Furstein ADAM C. FURSTEIN**

**April 14, 2005**

**858-663-0730**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #