


FILED
May 25, 2004 8:00 am
Secretary of State

05-03-2004 90139 004 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L03000006915

1. Entity Name
F & B PROPERTIES, LLC



Principal Place of Business
**2020 NE 163RD ST., STE. 300E
 NORTH MIAMI BEACH, FL 33162**

Mailing Address
**2020 NE 163RD ST., STE. 300E
 NORTH MIAMI BEACH, FL 33162**

2. Principal Place of Business
5760 SHERIDAN STREET

3. Mailing Address
5760 SHERIDAN STREET

Suite, Apt. #, etc.



03232004 Chg-LLC CR2E083(10/03)

City & State
HOLLYWOOD, FL

City & State
HOLLYWOOD, FL

Zip
33021

Country

4. FEI Number
45-0503397

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WOLFE, LAWRENCE H ESQ
 2514 HOLLYWOOD BLVD., STE. 508
 HOLLYWOOD, FL 33020**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR	NAME BROWN, JOEL	<input type="checkbox"/> Delete
STREET ADDRESS 2020 NE 163RD ST., STE. 300E	CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162	
TITLE MGR	NAME FRIEDMAN, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS 2020 NE 163RD ST., STE. 300E	CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE MGR	NAME BROWN, JOEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5760 SHERIDAN STREET	CITY-ST-ZIP HOLLYWOOD, FL 33021	
TITLE MGR	NAME FRIEDMAN, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5760 SHERIDAN STREET	CITY-ST-ZIP HOLLYWOOD, FL 33021	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: _____ Date: **4/29/04** Daytime Phone #: **954 966-6111**