


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90018 034 ****50.00

DOCUMENT # L03000006915

1. Entity Name
F & B PROPERTIES, LLC



Principal Place of Business
**5760 SHERIDAN STREET
 HOLLYWOOD, FL 33021**

Mailing Address
**5760 SHERIDAN STREET
 HOLLYWOOD, FL 33021**



2. Principal Place of Business
3330 NW 53rd St

3. Mailing Address
3330 NW 53rd St

Suite, Apt. #, etc.
Suite 306

Suite, Apt. #, etc.
Suite 306

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33309

Country
US

Zip
33309

Country
US

04072005 Chg-LLC CR2E083 (10/03)

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 reinstating) DATE _____

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

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR	<input type="checkbox"/> Delete
NAME BROWN, JOEL	
STREET ADDRESS 5760 SHERIDAN STREET	
CITY-ST-ZIP HOLLYWOOD, FL 33021	
TITLE MGR	<input type="checkbox"/> Delete
NAME FRIEDMAN, ROBERT	
STREET ADDRESS 5760 SHERIDAN STREET	
CITY-ST-ZIP HOLLYWOOD, FL 33021	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Brown Joel	
STREET ADDRESS 3330 NW 53 rd St # 306	
CITY-ST-ZIP Ft. Lauderdale, FL 33309	
TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Friedman Robert	
STREET ADDRESS 3330 NW 53 rd St # 306	
CITY-ST-ZIP Ft. Lauderdale, FL 33309	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **4/13/11** **954-966-0111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #