## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## DOCUMENT # L03000009507



**FILED** Aug 08, 2005 8:00 am Secretary of State

1. Entity Name FREDERIC FEKKAI PALM BEACH, LLC							06-08-2003 9			
Principal Place of Business 301 AUSTRALIAN AVE C/O BRAZILIAN COURT HOTEL PALM BEACH, FL 33480			Mailing Address 19 UNION SQUARE WEST 12TH FLOOR NEW YORK, NY 10003			50099477				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07012005	Chg-LLC	CR2E	083 (10/03)			
City & State		City & State			4. FEI Numb				oplied For ot Applicable	
Zip	Zip Country		Zip	Country		5. Certificat	e of Status Desired		\$5.00 Add Fee Require	
	6. Name	and Address of Current R	legistered Agent			7. Name an	d Address of New R	egistered .	Agent	
COBBOB	ATION CE	DVICE COMPANY			Name					
l .		RVICE COMPANY T	Street		Street Address	(P.O. Box Numi	per is Not Acceptable	9)		
1201 HAYS STREET TALLAHASSEE, FL 32301-2525										
					City			FL	Zip Cod	de
	named entititions of regist	y submits this statement for tered agent.	the purpose of changing its	s register	ed office or registe	red agent, or b	oth, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent an	nd title if applicable. (NOT	TE: Registere	d Agent signature require	d when reinstating)		DATE	· · · ·	
Filing Fee is \$50.00 Due by September 7, 2005						Make check payable to Florida Department of State				
Fil Due k	ing Fee is by Septen	s \$50.00 nber 7, 2005						•	•	ie
Fil Due b	ing Fee is by Septen	s \$50.00 nber 7, 2005 MANAGING MEMBER	RS/MANAGERS	10.				Departm	ent of Stat	e •
Due b	MGRM	mber 7, 2005  MANAGING MEMBER	RS/MANAGERS	10.	E		Florida	Departm	ent of Stat	e Addition
9. TITLE NAME	MGRM FREDERI	MANAGING MEMBER  C FEKKAI & CO, LLC	☐ Delete	DTLI NAM	E		Florida	Departm	ent of Stat	
9. TITLE NAME STREET ADDRESS	MGRM FREDERI	MANAGING MEMBER C FEKKAI & CO, LLC N SQUARE WEST, 12TH	☐ Delete	TITLI NAM STRE	ET ADDRESS		Florida	Departm	ent of Stat	
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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 AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE