


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000010204 1. Entity Name <b>FERN VALLEY, LLC</b>	
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Principal Place of Business <b>4302 ALTON ROAD, STE. 670          MIAMI BEACH, FL 33140</b>	Mailing Address <b>4302 ALTON ROAD, STE. 670          MIAMI BEACH, FL 33140</b>
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**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>57-1162133</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>NASH, SEYMOUR C          4302 ALTON ROAD, STE. 670          MIAMI BEACH, FL 33140</b>
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**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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VALLEY MANAGEMENT, INC. 4302 ALTON ROAD, STE. 670 MIAMI BEACH, FL 33140
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 01/20/05-80053-006 50.00

**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: <i>Seymour C Nash</i>	Date: <i>1/15/05</i>	Daytime Phone #: <i>3055317671</i>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #