

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-19-2005 90018 032 \*\*\*\*50.00

20037769



<b>DOCUMENT # L03000021298</b> 1. Entity Name FB LEGAL, 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 53 <sup>rd</sup> St Suite, Apt. #, etc. Suite 306 City & State Ft. Lauderdale, FL Zip 33309 Country US		3. Mailing Address 3330 NW 53 <sup>rd</sup> St. Suite, Apt. #, etc. Suite 306 City & State Ft. Lauderdale, FL Zip 33309 Country US		04072005    Chg-LLC    CR2E083 (10/03)	
4. FEI Number 20-0045307				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  WOLFE, LAWRENCE H 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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIEDMAN, ROBERT A PA 5760 SHERIDAN STREET HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Friedman, Robert A PA 3330 NW 53 <sup>rd</sup> St # 306 Ft. Lauderdale, FL 33309
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN, JOEL A PA 5760 SHERIDAN STREET HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Brown, Joel A PA 3330 NW 53 <sup>rd</sup> St # 306 Ft. Lauderdale, FL 33309
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN, JOEL A PA 5760 SHERIDAN STREET HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Brown, Joel A PA 3330 NW 53 <sup>rd</sup> St # 306 Ft. Lauderdale, FL 33309
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<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: 4/13/05    Daytime Phone #: 954-463-6512	