


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000024873  
 1. Entity Name  
 FFK PROPERTIES, L.L.C.



Principal Place of Business 8890 W. OAKLAND PARK BLVD., SUITE 100 SUNRISE, FL 33351	Mailing Address 8890 W. OAKLAND PARK BLVD., SUITE 100 SUNRISE, FL 33351
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**DO NOT WRITE IN THIS SPACE**



02022006No Chg-LLC CR2E083 (11/05)

4. FEI Number 73-1673973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 KAPLAN, NORMAN D  
 7770 W. OAKLAND PARK BLVD., SUITE 470  
 FORT LAUDERDALE, FL 33351

**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 re-appointing) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAYNE, STEVEN D PA 8890 W. OAKLAND PK BLVD STE 100 SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, ARMANDO A PA 8890 W. OAKLAND PK BLVD STE 100 SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEINER, HARVEY S PA 8890 W. OAKLAND PK BLVD STE 100 SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 02/17/06-80040-018 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_ 2/2/06 954-741-3305  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #