


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90215 035 ****50.00

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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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

01262007 Chg-LLC CR2E083 (12/06)

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 STEVEN D. FAYNE 8890 WEST OAKLAND PARK BLVD SUITE 100 SUNRISE, FLORIDA 33351	
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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.

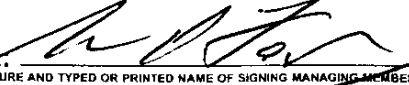
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE: D NAME: FAYNE, STEVEN D PA STREET ADDRESS: 8890 W. OAKLAND PK BLVD STE 100 CITY-ST-ZIP: SUNRISE, FL 33351	<input type="checkbox"/> Delete
TITLE: D NAME: FERNANDEZ, ARMANDO A PA STREET ADDRESS: 8890 W. OAKLAND PK BLVD STE 100 CITY-ST-ZIP: SUNRISE, FL 33351	<input type="checkbox"/> Delete
TITLE: D NAME: KLEINER, HARVEY S PA STREET ADDRESS: 8890 W. OAKLAND PK BLVD STE 100 CITY-ST-ZIP: SUNRISE, FL 33351	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  3-5-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #