

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000026781**

1. Entity Name  
FF210, L.L.C.



Principal Place of Business  
580 VILLAGE BLVD., SUITE 300  
C/O DENHOLTZ ASSOCIATES  
WEST PALM BEACH, FL 33409

Mailing Address  
580 VILLAGE BLVD., SUITE 300  
C/O DENHOLTZ ASSOCIATES  
WEST PALM BEACH, FL 33409



01242005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0103935

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DENHOLTZ, STEWART F  
580 VILLAGE BLVD., SUITE 300  
C/O DENHOLTZ ASSOCIATES  
WEST PALM BEACH, FL 33409

**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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
MCNAMARA, COLLEEN J  
2201 N LAKESIDE DRIVE  
LAKE WORTH, FL 33460

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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U00000367023  
05/16/05-80017-020 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #