


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90067 025 ***138.75

| | |
|---|---|
| DOCUMENT # L03000029455 |  |
| 1. Entity Name F.B.L. REALTY, L.L.C. | |

| | |
|---|---|
| Principal Place of Business 7171 NORTH UNIVERSITY DRIVE SUITE 100 TAMARAC, FL 33321 US | Mailing Address 7171 NORTH UNIVERSITY DRIVE SUITE 100 TAMARAC, FL 33321 US |
|---|---|

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

01222008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0471409

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

Applied For
Not Applicable

| |
|---|
| 6. Name and Address of Current Registered Agent WEINBERG, STEVEN A 7805 SOUTHWEST 6TH COURT PLANTATION, FL 33324 |
|---|

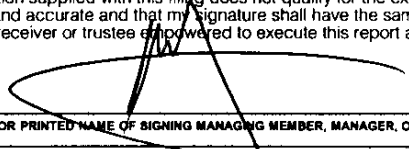
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|--|
| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| FL Zip Code |

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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM I.E.F. FAMILY HOLDINGS, LLC 4321 NW 101 DRIVE CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FIRE CORAL HOLDINGS, LLC 1030 CORAL RIDGE DR #302 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BERKOWITZ, RICHARD 7171 N UNIVERSITY DR #207-100 TAMARAC, FL 33321 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  | Date | Daytime Phone # |
| 954-718-7776 | | |