
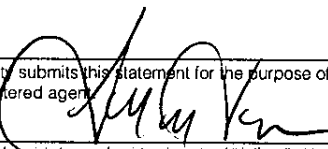
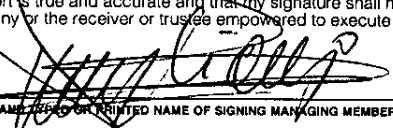


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90418 039 \*\*\*\*50.00

<b>DOCUMENT # L03000030063</b>					
<b>1. Entity Name</b> FFBN LLC					
<b>Principal Place of Business</b> 520 BRICKELL KEY DRIVE, SUITE 0-205 MIAMI, FL 33131			<b>Mailing Address</b> 520 BRICKELL KEY DRIVE, SUITE 0-205 MIAMI, FL 33131		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> 51-0482102					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
TRANSGLOBAL CORPORATE ADMINISTRATION, INC 520 BRICKELL KEY DRIVE, SUITE 0-205 MIAMI, FL 33131			Transglobal Corporate Administration LLC Street Address (P.O. Box Number is Not Acceptable) 520 Brickell Key Drive, Ste 0-305 City Miami FL Zip Code 33131		
<b>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.</b>					
SIGNATURE 			DATE 4/16/04		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR	<b>NAME</b> GAGLIANI, BRUNO		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 520 BRICKELL KEY DRIVE, SUITE 0-205	<b>CITY - ST - ZIP</b> MIAMI, FL 33131		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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>					
<b>SIGNATURE:</b> 			Bruno Gagliani 03/22/04		
Signature, typed or printed name of signing managing member, manager, or authorized representative			Date 305 374 3600		