

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030363

FILED
Apr 25, 2005
Secretary of State

Entity Name: FSD, LLC

Current Principal Place of Business:

C/O TOWN CENTER O-L 1
11077 BISCAYNE BLVD, STE 205
MIAMI, FL 33161

New Principal Place of Business:

C/O TOWN CENTER O-L I, LLC
780 FISHERMAN STREET, 4TH FLOOR
OPA-LOCKA, FL 33054

Current Mailing Address:

C/O TOWN CENTER O-L 1
11077 BISCAYNE BLVD, STE 205
MIAMI, FL 33161

New Mailing Address:

C/O TOWN CENTER O-L I, LLC
780 FISHERMAN STREET, 4TH FLOOR
OPA-LOCKA, FL 33054

FEI Number: 20-2162585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DURHAM, FREDRIC S
C/O TOWN CENTER O-L 1
11077 BISCAYNE BLVD, STE 205
MIAMI, FL 33161 US

Name and Address of New Registered Agent:

DURHAM, FREDRIC S
C/O TOWN CENTER O-L, LLC
780 FISHERMAN STREET, 4TH FLOOR
OPA-LOCKA, FL 33054 US

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.

SIGNATURE: FREDRIC S. DURHAM

04/25/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DURHAM, FREDRIC
Address: 11077 BISCAYNE BLVD., SUITE 205
City-St-Zip: MIAMI, FL 33161 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DURHAM, FREDRIC S
Address: 780 FISHERMAN STREET, 4TH FLOOR
City-St-Zip: OPA-LOCKA, FL 33054 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: FREDRIC S. DURHAM

MGRM

04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date