

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000004506

**FILED**  
**Mar 25, 2010**  
**Secretary of State**

**Entity Name:** FIRST FRIDAYS OF FLORIDA LLC

**Current Principal Place of Business:**

10021 PINES BLVD  
SUITE C-213  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

701 PROMENADE DR  
SUITE 203  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

PO BOX 820422  
PEMBROKE PINES, FL 33082

**New Mailing Address:**

**FEI Number:** 75-3031443

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROBERTSON, TYRONE G  
10021 PINES BLVD  
PEMBROKE PINES, FL 33024 US

**Name and Address of New Registered Agent:**

ROBERTSON, TYRONE G  
701 PROMENADE DR  
SUITE 203  
PEMBROKE PINES, FL 33026 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: TYRONE G. ROBERTSON

03/25/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FULLER, ANDREW  
Address: PO BOX 820422  
City-St-Zip: PEMBROKE PINES, FL 33082 US

Title: MGRM  
Name: ROBERTSON, TYRONE G  
Address: PO BOX 820422  
City-St-Zip: PEMBROKE PINES, FL 33082 US

I hereby 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: ANDREW FULLER

MGRM

03/25/2010

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