2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State
05-02-2005 90369 047 ****50.00

DOCUMENT # L04000004672

1. Entity Name
FS FLORIDA, LLC

Principal Place of Business	Mailing Address
2501 S. DOUGLAS RD., APT 606 MIAMI, FL 33133	2501 S. DOUGLAS RD., APT 606 MIAMI, FL 33133

04282005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
10800 NW 21 STREET	SAME
Suite, Apt. #, etc. UNIT 200	Suite, Apt. #, etc.
City & State MIAMI FL	City & State
Zip 33172 Country	Zip Country

4. FEI Number 33-1082412 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ESPARZA, JOSE J ~~2501 S DOUGLAS RD., APT 606~~ MIAMI, FL 33133	Name Street Address (P.O. Box Number is Not Acceptable) 10800 NW 21 STREET UNIT 200 City MIAMI FL Zip Code 33172

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ESPARZA, JOSE J 2501 S DOUGLAS RD., APT 606 MIAMI, FL 33133	☐ Delete	MGR JOSE J ESPARZA 10800 NW 21 STREET UNIT 200 MIAMI FL 33172	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PFEIFFER, MARC A 2501 S DOUGLAS RD., APT 606 MIAMI, FL 33133	☐ Delete	MGR MARC Pfeiffer 10800 NW 21 STREET UNIT 200 MIAMI FL 33172	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

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: _____ 4/28/05 305-629.9919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #