


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90048 007 ****50.00

DOCUMENT # L04000008964 1. Entity Name FS PROPERTIES, LLC					
Principal Place of Business 800 S.E. 4TH STREET FORT LAUDERDALE, FL 33301			Mailing Address 800 S.E. 4TH STREET FORT LAUDERDALE, FL 33301		
2. Principal Place of Business 800 SE 4th St.		3. Mailing Address Same			
Suite, Apt. #, etc. 105		Suite, Apt. #, etc. Same			
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL		4. FEI Number 16-1691373	
Zip 33301		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HUGHES, DANIEL 3000 NORTH FEDERAL HIGHWAY BUILDING TWO S. - STE. 200 FORT LAUDERDALE, FL 33306				7. Name and Address of New Registered Agent Name Susan Lawyer Street Address (P.O. Box Number is Not Acceptable) 800 SE 4th St - #105 City Ft. Lauderdale FL Zip Code 33301	
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 <u><i>Susan Lawyer</i></u> DATE <u>4-6-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
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	MGRM LAWYER, SUSAN 800 S.E. 4TH STREET FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAWYER, LINDA ANN 1255 NORTH STATE PARKWAY CHICAGO, IL 60610	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>Susan Lawyer</i></u> DATE <u>4-6-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					