## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018257

Entity Name: FURNISHED QUARTERS FLORIDA, LLC

FILED Feb 03, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10275 COLLINS AVENUE UNIT 917 2900 NE 14TH STREET, 301

BAL HARBOUR, FL 33154 2900 NE 14TH STREET, 301, FL 33062

Current Mailing Address: New Mailing Address:

C/O FURNISHED QUARTERS, LLC 501 KINGS HIGHWAY EAST STE. 303 FAIRFIELD, CT 06825

FEI Number: 20-0769757 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ROST, KRISTIAN EISELE, JACKIE

10275 COLLINS AVENUE UNIT 917 2900 NE 14TH STREET, 301

BAL HARBOUR, FL 33154 US 2900 NE 14TH STREET, 301, FL 33062 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: JACKIE EISELE 02/03/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BROWN, GARY
 Name:

 Address:
 501 KINGS HIGHWAY EAST STE. 303
 Address:

 City-St-Zip:
 FAIRFIELD, CT 06825
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BROWN, STEVEN
 Name:

 Address:
 158 WEST 27TH STREET 3RD
 Address:

 City-St-Zip:
 NEW YORK, NY 10001
 City-St-Zip:

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: GARY BROWN MGRM 02/03/2005