

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90349 039 ****50.00

DOCUMENT # L04000026765

1. Entity Name
FMF HOLDINGS, LLC



Principal Place of Business
**1133 N.E. THIRD AVENUE
BOCA RATON, FL 33432**

Mailing Address
**1133 N.E. THIRD AVENUE
BOCA RATON, FL 33432**

20021012



2. Principal Place of Business

**9291 Glades Rd.
Suite # 301**

3. Mailing Address

**9291 Glades Rd.
Suite 301**

03092005 Chg-LLC CR2E083 (10/03)

City & State

Boca Raton, Fla.

City & State

Boca Raton, Fl.

4. FEI Number

320115919

Applied For

Not Applicable

Zip
33434

Country
US

Zip
33434

Country
US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHWARTZ, PHILIP L
2000 GLADES ROAD
SUITE 208
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
FAWZI, FRANK
1133 N.E. THIRD AVE.
BOCA RATON, FL 33432** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
FAWZI, FRANK
9291 Glades Rd Suite 301
Boca Raton, FL 33434** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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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: *Frank N. Fawzi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #