2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2005
Secretary of State

DOCUMENT# L04000051326

Entity Name: FNI DEVELOPMENTS, L.L.C.

Current Principal Place of Business:

C/O KENNETH M MEYER, ESQ
6991 W BROWARD BLVD, STE 114
PLANTATION, FL 33317

New Principal Place of Business:

2790 NE 57TH STREET
FORT LAUDERDALE, FL 33308

Current Mailing Address:

C/O KENNETH M MEYER, ESQ
6991 W BROWARD BLVD, STE 114
PLANTATION, FL 33317

New Mailing Address:

2575 OUELLETTE PLACE
WINDSOR, ONTARIO N8X1L9, ON CANADA

FEI Number: 02-0727758 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MEYER, KENNETH M ESQ
6991 W BROWARD BLVD, STE 114
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FLORIDA SUN ROSE, IN, C.
Address: 6991 W BROWARD BLVD, STE 114
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FLORIDA SUN ROSE, IN, C.
Address: 2790 NE 57TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

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: FLORIDA SUN ROSE, INC. MGR 07/06/2005

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