

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90031 003 \*\*\*\*50.00

30002640



1st MOORE CR2E083 (10/04)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |         |                                                                             |                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L04000078675</b><br>1. Entity Name<br><b>F &amp; L PROPERTIES, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             |         |                                                                             |                                                                                                                                      |  |
| Principal Place of Business<br><b>48 EAST FLAGLER STREET, PH#101<br/>MIAMI FL 33131</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |         | Mailing Address<br><b>48 EAST FLAGLER STREET, PH#101<br/>MIAMI FL 33131</b> |                                                                                                                                      |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |         | 3. Mailing Address<br>Suite, Apt. #, etc.                                   |                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |         | City & State                                                                |                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             | Country |                                                                             | 4. FEI Number<br><b>59-2109036</b>                                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |         |                                                                             | Applied For<br><input type="checkbox"/> Not Applicable                                                                               |  |
| 6. Name and Address of Current Registered Agent<br><b>LERMAN, JORGE<br/>48 EAST FLAGLER STREET, PH#101<br/>MIAMI FL 33131</b>                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |         |                                                                             | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             |         |                                                                             |                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             |         |                                                                             |                                                                                                                                      |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |         | 10. ADDITIONS/CHANGES                                                       |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>LERMAN, JORGE<br>48 EAST FLAGLER STREET, PH#101<br>MIAMI FL 33131   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Delete                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>LERMAN, ISIDORO<br>48 EAST FLAGLER STREET, PH#101<br>MIAMI FL 33131 |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                             |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                             |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                             |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                             |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> 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. |                                                                             |         |                                                                             |                                                                                                                                      |  |
| <b>SIGNATURE:</b> _____ <i>Managers 3/01/05</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                       |                                                                             |         |                                                                             |                                                                                                                                      |  |