

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000015895

1. Entity Name
FARR PROPERTIES, LLC



Principal Place of Business
7300 W. CAMINO REAL
SUITE 200
BOCA RATON, FL 33433

Mailing Address
7300 W. CAMINO REAL
SUITE 200
BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FARR, MITCHELL
7300 W. CAMINO REAL
SUITE 200
BOCA RATON, FL 33433

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 renewing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FARR, MITCHELL
STREET ADDRESS	7300 W. CAMINO REAL, SUITE 200
CITY-ST-ZIP	BOCA RATON, FL 33433

TITLE	
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CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**FILED
May 01, 2007 8:00 am
Secretary of State**

05-01-2007 90317 043 ***150.00

60046604



01092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

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IN THIS SPACE**

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IN THIS SPACE**

4/15/07 561 750 9877

Date

Daytime Phone #