

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020545

Entity Name: FF HOLDINGS, LLC

FILED  
Apr 27, 2009  
Secretary of State

**Current Principal Place of Business:**

1103 SW KEATS AVENUE  
PALM CITY, FL 34990

**New Principal Place of Business:**

31 TANNERY ROAD  
BRANCHBURG, NJ 08876

**Current Mailing Address:**

31 TANNERY ROAD  
BRANCHBURG, NJ 08876

**New Mailing Address:**

FEI Number: 20-3733037

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBERT A. BURSON, P.A.  
310 WEST FIRST ST  
STUART, FL 34994 US

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

ROBERT A. BURSON, PA  
310 WEST FIRST ST  
STUART, FL 34994 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: N FERREIRA

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FILIPE, PAUL  
Address: 1103 SW KEATS AVENUE  
City-St-Zip: PALM CITY, FL 34990

Title: MGRM (X) Delete  
Name: FERREIRA, NELSON  
Address: C/O 1103 SW KEATS AVENUE  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FERREIRA, NELSON  
Address: 31 TANNERY ROAD  
City-St-Zip: BRANCHBURG, NJ 08876

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: NFERREIRA

MGRM

04/27/2009

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