

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034383

Entity Name: F.O.F. 405, L.L.C.

FILED  
Jan 09, 2008  
Secretary of State

**Current Principal Place of Business:**

104 N. WOODSTOCK STREET  
PHILADELPHIA, PA 19103

**New Principal Place of Business:**

**Current Mailing Address:**

104 N. WOODSTOCK STREET  
PHILADELPHIA, PA 19103

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

MERRILL BRAVER QUINTERO, ESQUIRE  
GRUENINGER & PUJOL, P.A.  
3191 CORAL WAY, SUITE 1005  
MIAMI, FL 33145 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: MGRM ( ) Delete  
Name: MCFADDEN, JOHN  
Address: 104 N. WOODSTOCK STREET  
City-St-Zip: PHILADELPHIA, PA 19103

Title: MGRM ( ) Delete  
Name: KABNICK, LISA D  
Address: 104 N. WOODSTOCK STREET  
City-St-Zip: PHILADELPHIA, PA 19103

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MCFADDEN, JOHN H  
Address: 104 N. WOODSTOCK STREET  
City-St-Zip: PHILADELPHIA, PA 19103

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: JOHN H. MCFADDEN

MGRM

01/09/2008

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