FILED Feb 14, 2006 8:00 am Secretary of State

ANNUAL REPORT	• •

DOCUMENT # L05000036974 1. Entity Name F & F, LLC								0:	2-14-20	06 9001	8 035 **	**50.00		
Principal Place of Business 3881 EMERALD ESTATES CIRCLE APOPKA, FL 32703 Mailing Address 3881 EMERALD ESTATES CIRCLE APOPKA, FL 32703										20	0078	15		
Principal Place of Business														
Suite, Apt. #, etc. Suite, Apt. #, etc.							01122006	Chg-L	LC	CR2E0	83 (11/05)			
City & State City & State							4. FEI Numl 20–28	ber 190673			No	optied For ot Applicable		
Zip	Country	Zip		Count	гу		5. Certificat	e of Status	Desired		\$5.00 Add Fee Require			
6. Nam	and Address of C	urrent Registere	d Agent				7. Name an	d Address	of New R	egistered /	Agent			
ZITZKA IOSEDHV	v ID				Name I	RANK	w. ord	PEZA				ŀ		
ZITZKA, JOSEPH W JR. 215 NORTH EOLA DRIVE ORLANDO, FL 32801							Street Address (P.O. Box Number is Not Acceptable) 3881 EMERALD ESTATES CIRCLE							
				•	City						Zip Cod	e		
					<u> </u>	POPK		-d	N	FL	Zip Coo 3270	_		
8. The above named enti- the obligations of regis		ment for the purpo	ose of changing its			_		ioth, in the S	state of Fig	rida. Iam	tamiliar with,	and accept		
SIGNATURE Signature, type	d or printed name of registe	red agent and title if appl	(NOTE				OPEZA when reinstating)			DATE				
Filing Fee is \$50.00 Due by May 1, 2006											ayable to lent of Stat	0		
9.	MANAGING	MEMBERS/MANA	AGERS	10.				AC	DITIONS	CHANGES	 -			
TITLE NAME			☐ Delete	TITLE		MGR OROP	EZA, FE				☐ Change	Addition		
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP	į.	EMERAI KA, FL		ATES (CIRCLE	:			
TITLE NAME			☐ Delete	TITLE NAMI		AFUE	KB, FL	32703			☐ Change	Addition		
STREET ADORESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP									
TITLE NAME		· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE							Change	Addition		
STREET ADORESS CITY-ST-ZIP					ET ADORESS - St-zip									
TITLE NAME			☐ Delete	TITLE							Change	Addition		
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - St-Zip									
TITLE NAME			☐ Delete	TITU							Change	Addition		
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -St-zip									
TITLE NAME			☐ Delete	TITU							Change	☐ Addition		
STREET ADORESS CITY-ST-ZIP				4	EET ADDRESS - ST-ZIP									
11. I hereby certify that indicated on this regularized liability composition of the second sec	the information support is true and acade any or the receiver	rate and that my s	does not qualify for ignature shall have ared to execute this	the same	emptions c e legal effi s required	contained ect as if i I by Chap	in Chapter 11 made under o oter 608, Florid	9, Florida S ath; that I a la Statutes.	statutes. I f m a mana	urther certi ging memb	fy that the in per or manag	formation ger of the		
SIGNATURE:	FRANK C.	D NAME OF SIGNING N	// //	NAGET, OF	RAUTHORIZE	ED REPRES	ENTATIVE	Date			Daytime Phone #			