

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064736

Entity Name: FIRTH COMPANY LLC

FILED
Feb 26, 2008
Secretary of State

Current Principal Place of Business:

250-A COMMERCIAL BLVD.
LAUDERDALE-BY-THE-SEA, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11006
FORT LAUDERDALE, FL 33339 US

New Mailing Address:

FEI Number: 65-1257176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIRTH, MOLLY
250-A COMMERCIAL BLVD.
LAUDERDALE-BY-THE-SEA, FL 33308 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: SOUTH FLORIDA DEVELOPMENT CORP.
Address: 250-A COMMERCIAL BLVD.
City-St-Zip: LAUDERDALE-BY-THE-SEA, FL 33308 US

Title: MGR () Delete
Name: MOLLY L. FIRTH, AS TRUSTEE OF THE MOLLY
Address: 8 SENECA ROAD
City-St-Zip: SEA RANCH LAKES, FL 33308 US

Title: MGR () Delete
Name: LOUISE FIRTH, AS TRUSTEE OF THE LOUISE FIRTH
Address: 5260 N.E. 28TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33308 US

ADDITIONS/CHANGES:

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

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

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: FIRTH MOLLY

MGR

02/26/2008

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