

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-29-2008 90014 037 ***138.75
L06000020601

FILED

2008 JUL 16 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|--|--|
| DOCUMENT # L06000020601 1. Entity Name FER, LLC | |
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|---|---|
| Principal Place of Business 846 LINCOLN ROAD, 5TH FLOOR MIAMI BEACH, FL 33139 | Mailing Address 846 LINCOLN ROAD, 5TH FLOOR MIAMI BEACH, FL 33139 |
|---|---|

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|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

04282008 Chg-LLC CR2E083 (12/06)

| | |
|---------------------------------|---------------------------------|
| City & State Zip Country | City & State Zip Country |
|---------------------------------|---------------------------------|

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

| | |
|--|--|
| 6. Name and Address of Current Registered Agent JONATHAN J. LICHTMAN, P.A. 20283 STATE RD.7 SUITE 300 BOCA RATON, FL 33498 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|--|--|
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State |
|---|--|--|

| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
|------------------------------|-----------------------------|---------------------------------|--|-----------------------|--|---|--|
| TITLE | MGR | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LEVIN, ERIC | | | NAME | | | |
| STREET ADDRESS | 846 LINCOLN ROAD, 5TH FLOOR | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 * | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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: DATE: 4/28/08 305-674-7221 DAYTIME PHONE #

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