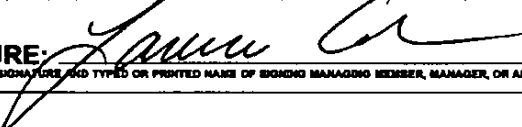


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

01-19-2007 90062 017 *****5.00
02-15-2007 90275 044 *****50.00

DOCUMENT # L06000031804					
1. Entity Name FIRST FLOOR LLC					
Principal Place of Business 1100 INTERNATIONAL PARKWAY SUNRISE, FL 33323			Mailing Address 1100 INTERNATIONAL PARKWAY SUNRISE, FL 33323		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-4713604	
5. Certificate of Status Desired ☒				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HINDEN, JON A ESQ. 4430 SOUTHWEST 64TH AVENUE DAVIE, FL 33314				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOLTZ, DIANE E 1100 INTERNATIONAL PARKWAY SUNRISE, FL 33323 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COHEN, LAWRENCE 1100 INTERNATIONAL PARKWAY SUNRISE, FL 33323 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	COHEN, LAWRENCE ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WEST, CHARLES E JR. 1100 INTERNATIONAL PARKWAY SUNRISE, FL 33323 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
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: 1/9/07 Daytime Phone #: 954-351-0834			