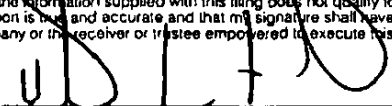


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

02-20-2007 90367 029 ****50.00

DOCUMENT # L06000032706 1. Entity Name FF PROPERTY HOLDINGS, LLC																																																																											
Principal Place of Business 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134			Mailing Address 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134																																																																								
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		Country		4. FEI Number 10-4588458																																																																							
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable																																																																							
6. Name and Address of Current Registered Agent FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																							
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.				FL Zip Code																																																																							
SIGNATURE _____ (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		DATE																																																																							
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES																																																																							
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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: 2/13/07																																																																							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																											