2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L06000043247

Entity Name: FL 704 36 ST LLC

Current Principal Place of Business:

357 GLENN RD
WEST PALM BEACH, FL 33405 US

New Principal Place of Business:

Current Mailing Address:

357 GLENN RD
WEST PALM BEACH, FL 33405 US

New Mailing Address:

FEI Number: 20-4936418 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERGUSON-STEFAN, MARIANA
357 GLENN RD
WEST PALM BEACH, FL 33405 US

Name and Address of New Registered Agent:

WOLFF, ROSLYN
357 GLENN RD
WEST PALM BEACH, FL 33405 US

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: ROSLYN WOLFF 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: A&W GROUP LLC
Address: 357 GLENN RD
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: MGRM ( ) Delete
Name: ACKERMAN, MIKE
Address: 357 GLENN RD
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: MGRM ( ) Delete
Name: WOLFF, ROSLYN
Address: 357 GLENN RD
City-St-Zip: WEST PALM BEACH, FL 33405

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: ROSLYN WOLFF MGR 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date