


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90015 023 ***138.75

DOCUMENT # L06000045306	
1. Entity Name FKS BUILDING PARTNERS, LLC	

Principal Place of Business C/O MARC H. AUERBACH 201 S. BISCAYNE BLVD., SUITE #2000 MIAMI, FL 33131	Mailing Address C/O MARC H. AUERBACH 201 S. BISCAYNE BLVD., SUITE #2000 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 200 S. Biscayne Blvd. City & State Suite # 3900 Zip	3. Mailing Address 200 S. Biscayne Blvd. Suite, Apt. #, etc. Suite # 3900 City & State Zip	Country
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02202008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4813143	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent AUERBACH, MARC H ESQ. 201 S. BISCAYNE BLVD., SUITE #2000 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200 S. Biscayne Blvd. Suite # 3900 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 Marc Guech (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FELDMAN, ROBERT G MD 6850 SW 92ND ST MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENWARD, DEBRA G MD 6850 SW 92 ST MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHWARTZLAND, ELLEN J MD 6850 SW 92 ST MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Robert Feldman DATE 3/24/08

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