

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000045306

FILED
Apr 07, 2009
Secretary of State

Entity Name: FKS BUILDING PARTNERS, LLC

Current Principal Place of Business:

C/O MARC H. AUERBACH
200 S BISCAYNE BLVD STE 3900
MIAMI, FL 33131

New Principal Place of Business:

6141 SUNSET DRIVE
SUITE 401
MIAMI, FL 33143

Current Mailing Address:

C/O MARC H. AUERBACH
200 S BISCAYNE BLVD STE 3900
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-4813143 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUERBACH, MARC H ESQ.
200 S BISCAYNE BLVD STE 3900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FELDMAN, ROBERT G MD
Address: 6850 SW 92ND ST
City-St-Zip: MIAMI, FL 33156

Title: MGR () Delete
Name: KENWARD, DEBRA G MD
Address: 6850 SW 92 ST
City-St-Zip: MIAMI, FL 33156

Title: MGR () Delete
Name: SCHWARTZLAND, ELLEN J MD
Address: 6850 SW 92 ST
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FELDMAN, ROBERT G MD
Address: 6141 SUNSET DRIVE, #401
City-St-Zip: MIAMI, FL 33143

Title: MGR (X) Change () Addition
Name: KENWARD, DEBRA G MD
Address: 6141 SUNSET DRIVE, #401
City-St-Zip: MIAMI, FL 33143

Title: MGR (X) Change () Addition
Name: SCHWARTZLAND, ELLEN J MD
Address: 6141 SUNSET DRIVE, #401
City-St-Zip: MIAMI, FL 33143

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: ROBERT FELDMAN, M.D.

MGR

04/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date