2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000052999

F & R PROPERTY HOLDINGS, LLC



Principal Place of Business

5799 SW 25TH ST WEST PARK, FL 33023 Malling Address

5799 SW 25TH ST WEST PARK, FL 33023

FILED Apr 21, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

04162008 No Chg-LLC CR2E083 (12/07)

Applied For 4. FEI Number 20-5235327 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

SALEMI, TERESA 5799 SW 25TH ST WEST PARK, FL 33023 DO NOT WRITE IN THIS SPACE

•		I		
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 tritle if applicable. (NOTE, Registered		Agent alignature required when reinstating)	DATE	
*= *FILE NOW!!! FEE I8 \$138.75 After May 1, 2008 Fee will be \$538.75				U00000911005 05/07/08-80020-022 138.75
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALEMI, FRANCESCO 4934 N. 33RD COURT HOLLYWOOD, FL 33021			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE LA MATA, RENZO 2602 SCOTT STREET HOLLYWOOD, FL 33020			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			in this space	
NAME STREET ADDRESS CITY-ST-ZIP ** 4	and the same of th		ı	

11. I hereby certify that the information supplied with this filling 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 appurate 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 receptor or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #