

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072787

FILED  
May 09, 2008  
Secretary of State

Entity Name: FLAVIE FURST LLC

**Current Principal Place of Business:**

7000 W. PALMETTO PARK ROAD  
SUITE 500  
BOCA RATON, FL 33433 US

**New Principal Place of Business:**

168 NE 2ND AVENUE  
DELRAY BEACH, FL 33444 US

**Current Mailing Address:**

7000 W. PALMETTO PARK ROAD  
SUITE 500  
BOCA RATON, FL 33433 US

**New Mailing Address:**

168 NE 2ND AVENUE  
DELRAY BEACH, FL 33444 US

FEI Number: 20-5357605      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ROSENTHAL, JEFFREY H  
7000 W. PALMETTO PARK ROAD  
SUITE 500  
BOCA RATON, FL 33433 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: MGRM ( ) Delete  
Name: FURST, FLAVIE  
Address: 7000 W. PALMETTO PARK ROAD, SUITE 500  
City-St-Zip: BOCA RATON, FL 33433 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FURST, FLAVIE  
Address: 168 NE 2ND AVENUE  
City-St-Zip: DELRAY BEACH, FL 33444 US

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: FLAVIE FURST

MGRM

05/09/2008

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