

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90097 025 \*\*\*\*\*50.00

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # L99000001092**

1. Entity Name

FFIR, LLC

Principal Place of Business

12 HARBOR ISLAND DRIVE  
KEY LARGO FL 33037

Mailing Address

12 HARBOR ISLAND DRIVE  
KEY LARGO FL 33037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 65-0900461

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOPERCER, WILLIAM E  
12 HARBOR ISLAND DRIVE  
KEY LARGO FL 33037

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

CR2E083 (9/01)

MANAGING MEMBERS/MANAGERS		ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOPERCER, WILLIAM E 12 HARBOR ISLAND DRIVE KEY LARGO FL 33037 <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	MGRM TOPERCER, BETTY J 12 HARBOR ISLAND DRIVE KEY LARGO FL 33037 <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 exemption stated in Section 119.07(3)(i), 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:

*William E Topercer*

3/11/02 305/367-4164