

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004869

1. Entity Name  
FFIF, LLC



FILED

03 MAY -2 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
337 EAST INDIANTOWN ROAD, SUITE 8  
JUPITER, FL 33477

Mailing Address  
337 EAST INDIANTOWN ROAD, SUITE 8  
JUPITER, FL 33477

2. Principal Place of Business  
580 Village Blvd

3. Mailing Address  
580 Village Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

Suite 300

City & State  
West Palm Beach, FL

City & State  
West Palm Beach

Zip  
33409

Country  
Palm Beach

Zip  
FL

Country  
33409

4. FEI Number

65-0941068

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DENHOLTZ, STEWART F  
337 EAST INDIANTOWN ROAD, SUITE 8  
JUPITER, FL 33477

Name

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

580 Village Blvd

Suite 300

City

West Palm Beach

FL

Zip Code

33409

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 title if applicable.

(NOTE: Registered Agent signature required when resigning)

4/8/03  
DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

600017863386

05/02/03--01017--018 \*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MGR  
MCNAMARA, COLLEEN  
337 EAST INDIANTOWN ROAD, SUITE 8  
JUPITER, FL 33477 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

TITLE  
NAME  
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CITY-STATE-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☒ Change ☐ Addition  
580 Village Blvd, Suite 300  
West Palm Beach, FL 33409

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

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CITY-STATE-ZIP  
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CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

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:

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

COLLEEN J. MCNAMARA

4/17/03

Date

561-242-0100

Daytime Phone #

CR2E083 (10/02)