2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000002223

1. Entity Name
FRF 21, LLC

Principal Place of Business	Mailing Address
445 BROAD HOLLOW RD., STE. 239 MELVILLE, NY 11747	114 WEST 47TH ST., STE. 1716 NEW YORK, NY 10036

01232004 No Chg-LLC CR2E083 (10/03)

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4. FEI Number
02-0643271
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEXISNEXIS DOCUMENT SOLUTIONS INC.
1201 HAYS ST.
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000038613
02/06/04-80145-003 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BURT, CHRISTOPHER F
STREET ADDRESS	114 W 47TH ST, STE 1715
CITY-ST-ZIP	NEW YORK, NY 10036
TITLE	MGR
NAME	MOEZZI, MICHELLE
STREET ADDRESS	114 W 47TH ST, STE 1715
CITY-ST-ZIP	NEW YORK, NY 10036
TITLE	MGR
NAME	WONG, TONY
STREET ADDRESS	445 BROAD HOLLOW RD., STE. 239
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ Tony Wong 1/30/04 631-587-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #