

**2005 LIMITED LIABILITY COMPANY -
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000000710

1. Entity Name
FPRO-121, LLC



Principal Place of Business
13909 WEDDINGTON STREET
SHERMAN OAKS, CA 91401

Mailing Address
13909 WEDDINGTON STREET
SHERMAN OAKS, CA 91401

DO NOT WRITE IN THIS SPACE



02072005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
84-1618147

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SCHNEIDER, STEPHEN A
13909 WEDDINGTON STREET
SHERMAN OAKS, CA 91401

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U000000299627
04/11/05-80115-022 50.00

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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 of the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

STEPHEN A. SCHNEIDER 2/7/05 818-380-9900