LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 30 PM 1:01

DOCUMENT # M03000002952

1. Entity Name
FRF 40, LLC

800034519478

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
445 Broad Hollow Road	114 West 47th Street
Suite, Apt. #, etc. Suite 239	Suite, Apt. #, etc. Suite 1715
City & State Melville, New York	City & State New York, NY
Zip 11747	Zip 10036
County Suffolk	County Suffolk

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3103140
☐ Applied For
☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
LexisNexis Document Solutions Inc.

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City
Tallahassee

FL

Zip Code
32301

6. 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 _____ 4/28/04
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

8. MANAGING MEMBERS/MANAGERS

TITLE	Manager
NAME	Michelle Moezzi
STREET ADDRESS	114 West 47th Street, Suite 1715
CITY-ST-ZIP	New York, NY 10036
TITLE	Manager
NAME	Christopher T. Burt
STREET ADDRESS	114 West 47th Street, Suite 1715
CITY-ST-ZIP	New York, NY 10036
TITLE	Manager
NAME	Tony Wong
STREET ADDRESS	445 Broad Hollow Road, Suite 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

CR2E083B (12/02)

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: _____ Michelle Moezzi, Manager 4/28/04 212.302.5151x20

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 598285 7174534

AUTHORIZATION : Patricia Pyjet

COST LIMIT : $ 50.00

ORDER DATE : April 28, 2004

ORDER TIME : 3:49 PM

ORDER NO. : 598285-010

CUSTOMER NO: 7174534

CUSTOMER: Ms Michelle Moezzi
Global Securitization Services
Suite 1715
114 West 47th Street
New York, NY 10036

ANNUAL REPORT FILING

NAME: FRF 39, LLC

RECEIVED
04 APR 28 PM 4:14
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - Ext. 2949

EXAMINER'S INITIALS: _____