

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002818

Entity Name: FPG MANAGEMENT, LLC

FILED
Jun 21, 2007
Secretary of State

Current Principal Place of Business:

% JONATHAN J. LANDAU, ESQUIRE
184 KENT AVENUE, 5TH FLOOR
BROOKLYN, NY 11211

New Principal Place of Business:

% JONATHAN J. LANDAU
45 MAIN STREET, SUITE 302
BROOKLYN, NY 11201

Current Mailing Address:

% JONATHAN J. LANDAU, ESQUIRE
184 KENT AVENUE, 5TH FLOOR
BROOKLYN, NY 11211

New Mailing Address:

% JONATHAN J. LANDAU
45 MAIN STREET, SUITE 302
BROOKLYN, NY 11201

FEI Number: 04-3829459 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FORTIS PROPERTY GROU, P, LLC
Address: 184 KENT AVENUE, 5TH FLOOR
City-St-Zip: BROOKLYN, NY 11211

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FORTIS PROPERTY GROU, P, LLC
Address: 45 MAIN STREET, SUITE 302
City-St-Zip: BROOKLYN, NY 11201

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JONATHAN LANDAU

MEM

06/21/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date