


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

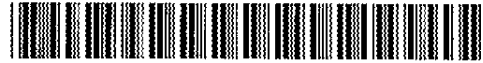
DOCUMENT # N01000005098

1. Entity Name
FARR FAMILY FOUNDATION, INC.



Principal Place of Business C/O WHITE & CASE LLP 200 SOUTH BISCAYNE BLVD., SUITE 4900 MIAMI, FL 33131	Mailing Address C/O WHITE & CASE LLP 200 SOUTH BISCAYNE BLVD., SUITE 4900 MIAMI, FL 33131
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04072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1122896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KAVOUKJIAN, MICHAEL E
 C/O WHITE & CASE LLP
 200 SOUTH BISCAYNE BLVD., SUITE 4900
 MIAMI, FL 33131**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000122868
 04/21/04-60048-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARR, C. SIMS 900 YEAMANS HALL ROAD CHARLESTN, SC 39406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD FARR, MURIEL T 900 YEAMANS HALL ROAD CHARLESTN, SC 39406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTVP BYRNES, JOHN E III 200 EAST 66TH STREET APT. E1104 NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KAVOUKJIAN, MICHAEL E 200 SOUTH BISCAYNE BLVD. SUITE 4900 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FARR, JOHN 419 CANTITOE STREET BEDFORD HILLS, NY 10507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael E. Kavoukjian, Michael E. Kavoukjian 4/19/04 305-995-5227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #