

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049492

FILED
Feb 28, 2006
Secretary of State

Entity Name: FAM APPLIANCES & AC REPAIRS, LLC

Current Principal Place of Business:

2082 N. KEENE RD.
CLEARWATER, FL 33755 US

New Principal Place of Business:

2370 BELLEAIR ROAD
CLEARWATER, FL 33764 US

Current Mailing Address:

P.O. BOX 5748
CLEARWATER, FL 33758 US

New Mailing Address:

FEI Number: 56-2463826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAM, ATEF I
2082 N. KEENE RD.
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

FAM, ATEF I
2370 BELLEAIR ROAD
CLEARWATER, FL 33764 US

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: _____

02/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FAM, ATEF I
Address: 2082 N. KEENE RD.
City-St-Zip: CLEARWATER, FL 33755 US

Title: MGRM () Delete
Name: MIKHAIL, SOHAIR Y
Address: 2082 N. KEENE RD.
City-St-Zip: CLEARWATER, FL 33755 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FAM, ATEF I
Address: 2370 BELLEAIR ROAD
City-St-Zip: CLEARWATER, FL 33764 US

Title: MGRM (X) Change () Addition
Name: MIKHAIL, SOHAIR Y
Address: 2370 BELLEAIR ROAD
City-St-Zip: CLEARWATER, FL 33764 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ATEF FAM

MGRM

02/28/2006

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