


FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90187 037 ***138.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L06000121941 1. Entity Name FIRST AMERICAN WEALTH MANAGEMENT LLC	
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Principal Place of Business 11733 SW 107 TERRACE MIAMI, FL 33186	Mailing Address 11733 SW 107 TERRACE MIAMI, FL 33186
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60041814



2. Principal Place of Business - No P.O. Box # 8501 SW 124 AVE	3. Mailing Address 8501 SW 124 AVE
Suite, Apt. #, etc. 101	Suite, Apt. #, etc. 101

05122008 Chg-LLC CR2E083 (12/06)

City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 76-0791585	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33183 Country US	Zip 33183 Country US	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ALVAREZ, ALEJANDRO 11733 SW 107 TERRACE MIAMI, FL 33186	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8501 SW 124 AVE SUITE 101 City MIAMI FL Zip Code 33183
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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 *Alejandro Alvarez* DATE 5/12/08

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	ALVAREZ, ALEJANDRO	NAME	
STREET ADDRESS	11733 SW 107 TERRACE	STREET ADDRESS	8501 SW 124 AVE, SUITE 101
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP	MIAMI, FL 33183
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Alejandro Alvarez* Date 5-12-08 Daytime Phone # 305-274-0400

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