

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 02, 2007  
Secretary of State**

DOCUMENT# L06000122982

Entity Name: FANASTA LLC

**Current Principal Place of Business:**

14690 SW 33RD COURT  
MIRAMAR, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

14690 SW 33RD COURT  
MIRAMAR, FL 33027

**New Mailing Address:**

FEI Number: 43-2117256      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:**

**Name and Address of New Registered Agent:**

FONTAINE, M-LUNIE  
14690 SW 33RD COURT  
MIRAMAR, FL 33027      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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: FONTAINE, M-LUNIE  
Address: 14690 SW 33RD COURT  
City-St-Zip: MIRAMAR, FL 33027

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      ( ) Delete  
Name: FONTAINE, EMMANUEL  
Address: 14690 SW 33RD COURT  
City-St-Zip: MIRAMAR, FL 33027

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: M-LUNIE FONTAINE

MGRM

07/02/2007

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