


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000001757</b> 1. Entity Name <b>FAHS &amp; NYSTRAND, LLC</b>	
---	---

Principal Place of Business <b>2709 KILLARNEY WAY, STE 4 TALLAHASSEE, FL 32309</b>	Mailing Address <b>2709 KILLARNEY WAY, STE 4 TALLAHASSEE, FL 32309</b>
---	---

**DO NOT WRITE IN THIS SPACE**



01152007No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>59-3627189</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>FAHS-GIELISSE, INGA 2709 KILLARNEY WAY, STE 4 TALLAHASSEE, FL 32309</b>
---

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

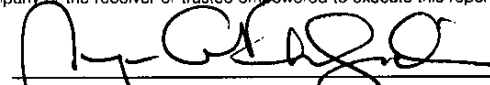
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM FAHS-GIELISSE, INGA G 5667 SANTA ANITA DRIVE TALLAHASSEE, FL 32309</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U000000650376  
03/08/07-80011-007 50.00

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:**  **2/23/07** **(850) 894-7077**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**Inga G. Fahs-Gielisse**