2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000013673

1. Entity Name FALCON ADVISORS, LLC



FILED Jan-25, 2007 08:00 AN Secretary of State

Principal Place of Business

1735 SE 7TH STREET FT LAUDERDALE, FL 33316 Mailing Address 1735 SE 7TH STREET FT LAUDERDALE, FL 33316



01142007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1053632

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAFT, STUART J ESQ 340 ROYAL POINCIANA WAY, SUITE 321 PALM BEACH, FL 33480 _

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			
	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstasting)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		· · · · · · · · · · · · · · · · · · ·
TITLE	MGRM	7	
NAME	LARSEN, CAROLYN SUE		
STREET ADDRESS	1735 SE 7TH STREET		U00000603396
CITY-ST-ZIP	FT LAUDERDALE, FL 33316		01/29/07-80011-024 50.00
TITLE			81,53101 00011 054 30,00
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CITY-ST-ZIP			
TITLE		•	

11. I hereby certify that the information surplied 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 any 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 if trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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

1/22/0

9575235513

Date

Daydine Phone #