


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # L00000014907 1. Entity Name FABER & ANDREW PROPERTIES, LLC	
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Principal Place of Business 1648 DONNA ROAD WEST PALM BEACH, FL 33409-5206	Mailing Address 3454 NW 27TH AVE POMPANO BEACH, FL 33069
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01172005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1059309	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ANDREW, WILLIAM 3454 NW 27TH AVE. POMPANO BEACH, FL 33069

**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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FABER, MIKE 20 NW 3RD AVE DEERFIELD BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDREW, WILLIAM 3454 NW 27TH AVE POMPANO BEACH, FL
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01/29/05-80064-006 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 

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

Date

Daytime Phone #