LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
04-22-2002 90165 022 ****50.00

DOCUMENT # L01000001261

1. Entity Name
FAY HOLDINGS, L.L.C.

DO NOT WRITE IN THIS SPACE

[redacted]

80707

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2101 Corporate Blvd.	2101 Corporate Blvd.
Suite, Apt. #, etc.: Suite 107	Suite, Apt. #, etc.: Suite 107
City & State: Boca Raton, Florida	City & State: Boca Raton, Florida
Zip: 33431 Country: U.S.A.	Zip: 33431 Country: U.S.A.

4. FEI Number: 65-1071638 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: M & W AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable): 2101 Corporate Blvd. Suite 107

City: Boca Raton **FL** Zip Code: 33431

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGING MEMBER
NAME	ROBERT A. CHAVES
STREET ADDRESS	2101 Corporate Blvd., Ste. 107
CITY-ST-ZIP	Boca Raton, Florida 33431
TITLE	~~Trustee~~ MEMBER
NAME	ROBERT A. CHAVES of FAY CHAVES TRUST
STREET ADDRESS	2101 Corporate Blvd., Ste. 107
CITY-ST-ZIP	Boca Raton, Florida 33431
TITLE	
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CR2E083B (12/01)

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: _____ 4/1/02 561 998-7847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #