
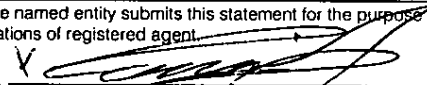


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90205 048 *****50.00

| | | | | | |
|---|---|---|--|---|--|
| DOCUMENT # L01000002090 1. Entity Name F & A FLORIDA, LLC | | | |  | |
| Principal Place of Business 12233 S.W. 132 CT. MIAMI, FL 33186 | | | Mailing Address 9419 FONTAINEBLEAU BLVD., APT 207 MIAMI, FL 33172 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address PO BOX 941057 Suite, Apt. #, etc. | | | |
| City & State | | City & State MIAMI | | 4. FEI Number 74-3039237 | |
| Zip 33194 | Country FL | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent CARINI, FRANCO 9470 FONTAINEBLEAU BLVD., #22 MIAMI, FL 33172 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CARINI, FRANCO 9419 FONRAINBLEAU BLVD. #207 MIAMI, FL 33172 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BERTOLDI, ANTONIA 9419 FONRAINBLEAU BLVD. #207 MIAMI, FL 33172 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |

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03212005 Chg-LLC CR2E083 (10/03)

SIGNATURE: 

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

Date

Daytime Phone #