## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT **FILED** Feb 15, 2008 08:00 AM Secretary of State **DOCUMENT # L01000002090** F & A FLORIDA, LLC Principal Place of Business Mailing Address 12791 SW 16 ST P.O. BOX 941057 MIAMI, FL 33175 MIAMI, FL 33194 01302008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 74-3039237 Not Applicable \$5.00 Additional 5. Certificate of Status Desired men golder betreven in granishing good in month of the source of the source of the source of Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CARINI, FRANCO 12791 SW 16TH ST MIAMI, FL 33175 IN THIS SPACE 8. The above named entity submits this statement for the purpose of enanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent-(NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000829878 02/26/08-80060-019 138.75 MANAGING MEMBERS/MANAGERS 9. TITLE NAME CARINI, FRANCO STREET ADDRESS 12791 SW 16TH ST CITY-ST-ZIP MIAMI, FL 33175 TITLE NAME BERTOLDI, ANTONIA 12791 SW 16TH ST STREET AOORESS CITY-ST-ZIP MIAMI, FL 33175 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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