## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 01000019218

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

1. Entity Name FAICON ENTERPRISE LLC



## FILED Mar 23, 2004 8:00 am Secretary of State

03-23-2004 90070 014 \*\*\*\*50.00

	DO NOT WRITE	IN THIS S	PACE				
4.414.41							
	lace of Business	3. Mailing Address		<u>n</u>			
4141 K	LW.5 LSTREET	4141 N.W. 5	STREET				
Suite, Apt.		Suite, Apt. #, etc.		DO NOT WRITE IN TH	IS SPACE		
Sity & State	aTioN	Planta 100	1	4. FEI Number 56-1155657	Applied For Not Applicable		
Zip 33331	Country Zip		Country				
4-20-77-1981				7. Name and Address of Current Registered Agent			
	E. S.		Name CECIL	D'AGUILAR			
Street Address (P.O. Box, Number igNot Acceptable) SuiTe'							
	IN THIS SP	ACE	4141	N.W. 5' STREET	100		
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A DAMA COMMENT			Plantin	a lion F	L Zio Code		
		the purpose of changing it		ered agent, or both, in the State of Florida. I ar	m familiar with, and accept		
the obligat	ions of registered agent.						
SIGNATURE							
ļ <del> </del>	Signature, typed or printed name of registered agent a	nd title if applicable.		DAT	E		
FEE IS \$50.00							
		the state of the s	ole to Florida Departme	ent of State			
	MANIA CINIC MEMBER	A STATE OF THE STA	DUE BY MAY 1		-almontono kalin anno n'isi ny mandrondrakano ny ny astrono dia kalin		
9. TITLE	MANAGING MEMBER		DILE	a periode de la casa d Casa de la casa de la c	and other land of complete twee Decimal at Managery as the small managers of a section		
NAME	HERING (ISF) TRU						
STREET ADDRESS	HI41 N.W. 5th STRE	ET SUTTE 100	STREET ADDRESS	en e			
CITY-ST-ZIP	PlaUTATION FLO	aina 33217	CITY-ST-ZIP				
TITLE	MEMBER	W(NL) 3321	TILE 5				
NAME	Paula & D'Acul	na r	NAME				
STREET ADDRESS	4141 N.W. 5th ST	REET SUITE 10					
CITY-ST-ZIP		RIDN 33317	CITY-ST-ZIP,				
TITLE	MEMBER		TITLE 1 TO SEE	Na akang kang			
NAME	CARDINAL CONFID	GNITAL LLC	- NAME				
STREET ADDRESS	4141 HW . 5th STE	GET SUITE	STREET ACCRESS		NTE		
CITY-ST-ZIP	HILLI HW . 5th STE Plantation FL	- 33317	CITY-ST-ZIP	DO NOT WR	HIE		
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NAME			NAME	IN ITHO OFF	WE		
STREET ADDRESS			STREET ADORESS				
CITY-ST-ZIP			CITY ST-ZIP				
TITLE			I mue	A CONTROL OF THE PARTY OF THE P			

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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE: Lew	DAguel	CECIL D'AGUILAR	3-8	-04
SIGNATURE AND TYPED OR PR	INTED NAME OF BIGNING MANA	GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #