

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019785

FILED
Apr 25, 2009
Secretary of State

Entity Name: FAF CAPITAL MANAGEMENT, LLC

Current Principal Place of Business:

2215 N.W. 36TH STREET
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

2215 N.W. 36TH STREET
MIAMI, FL 33142

New Mailing Address:

FEI Number: 65-1150700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMWELL, TIMOTHY
2215 N.W. 36TH STREET
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GAMWELL, TIM
Address: 2215 NW 36TH ST
City-St-Zip: MIAMI, FL 33142

Title: MGR () Delete
Name: DURHAM, MARIE
Address: 2215 NW 36TH ST
City-St-Zip: MIAMI, FL 33142

Title: MGR () Delete
Name: BETTELLI, RICK
Address: 2215 N.W. 36TH STREET
City-St-Zip: MIAMI, FL 33142

Title: MGR () Delete
Name: DALE, ABBOTT M
Address: 2215 N.W. 36TH STREET
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIM GAMWELL

MGMR

04/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date