

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 08, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # L02000022779**

1. Entity Name  
**FARHAT INVESTMENTS, LLC**



Principal Place of Business  
**3529 BEAUCLERC WOOD LANE WEST  
JACKSONVILLE, FL 32257**

Mailing Address  
**3529 BEAUCLERC WOOD LANE WEST  
JACKSONVILLE, FL 32257**



01262007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**54-2072311**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**COLD, KATHLEEN H  
ONE INDEPENDENT DRIVE, SUITE 2301  
JACKSONVILLE, FL 32202-5059**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME FARHAT, EDWARD J  
STREET ADDRESS 3529 BEAUCLERC WOOD LANE WEST  
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE MGR  
NAME FARHAT, SAUNDRA H  
STREET ADDRESS 3529 BEAUCLERC WOOD LANE WEST  
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

000000627634  
02/15/07-80069-019 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. 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.

**SIGNATURE:** \_\_\_\_\_

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

Date

Daytime Phone #