

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L02000022779**

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



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

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

**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-LLC

CR2E083 (12/07)

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000953058  
06/13/08-80001-012 138.75

**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 #

*Edward J. Farhat*  
2/15/08 904-983-8013