
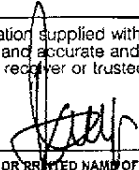


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000028283</b> 1. Entity Name FAUP ENTERPRISES, LLC		
Principal Place of Business 401 E. ROBINSON ST., APT. 701 ORLANDO, FL 32801	Mailing Address 401 E. ROBINSON ST., APT. 701 ORLANDO, FL 32801	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  FLICK, JAMES J 112 LAKE AVENUE ORLANDO, FL 32801		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		01122008 No Chg-LLC CR2E083 (11/05) 4. FEI Number 01-0749085 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAUP, JACK G 401 E. ROBINSON #701 ORLANDO, FL 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAUP, MARIE-ANGE 401 E ROBINSON ST # 701 ORLANDO, FL 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 recorder or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.  SIGNATURE:  1/30/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		