


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000028283
 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**

DO NOT WRITE IN THIS SPACE



01122008 No Chg-LLC CR2E083 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number 01-0749085 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

**FLICK, JAMES J
 112 LAKE AVENUE
 ORLANDO, FL 32801**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**


000000414060
 02/11/06-80019-020 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| 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 |
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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 609, Florida Statutes.

SIGNATURE:  **1/30/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #