

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 8:00 am
Secretary of State

04-10-2008 90129 016 ***143.75

DOCUMENT # L02000028283 1. Entity Name FAUP ENTERPRISES, LLC	
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Principal Place of Business 401 E. ROBINSON ST., APT. 701 ORLANDO, FL 32801	Mailing Address 401 E. ROBINSON ST., APT. 701 ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE

30005701



01252008 No Chg-LLC CR2E083 (12/07)

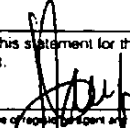
4. FEI Number 01-0749085	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	

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: 3.13.08

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

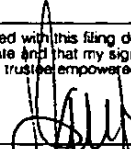
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  JACK FAUP, M.D. DATE: 4.30.08 407-2993160

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