



FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000032241 1. Entity Name FAF PROPERTIES, LLC			
Principal Place of Business 6411 PERSHING STREET NE ST. PETERSBURG, FL 33702		Mailing Address 6411 PERSHING STREET NE ST. PETERSBURG, FL 33702 US	
DO NOT WRITE IN THIS SPACE			
		01202007No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 65-1167715 Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HEFTE, ANNA B 6411 PERSHING STREET NE ST. PETERSBURG, FL 33702		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WENCE, KEVIN M 1938 76 PLACE N. SAINT PETERSBURG, FL 33702		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WENCE, CATHERINE E 1938 76 PLACE N SAINT PETERSBURG, FL 33702		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEFTE, ANNA B 6411 PERSHING ST. NE SAINT PETERSBURG, FL 33702		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEFTE, AARON D 6411 PERSHING ST. NE SAINT PETERSBURG, FL 33702		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROUNTREE, MICHAEL J 6175 WOODROW WILSON BLVD. NE SAINT PETERSBURG, FL 33703		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROUNTREE, NORA F 6175 WOODROW WILSON BLVD. NE SAINT PETERSBURG, FL 33703		
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: <u>Nora Rountree</u> NORA ROUNTREE		3/12/07 727-527-5915	