2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# L02000032241

Entity Name: FAF PROPERTIES, LLC

Current Principal Place of Business:

6411 PERSHING STREET NE
ST. PETERSBURG, FL 33702

New Principal Place of Business:

Current Mailing Address:

6411 PERSHING STREET NE
ST. PETERSBURG, FL 33702 US

New Mailing Address:

FEI Number: 65-1167715 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEFTE, ANNA B
6411 PERSHING STREET NE
ST. PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	WENCE, KEVIN M	
Address:	1938 76 PLACE N.	
City-St-Zip:	SAINT PETERSBURG, FL 33702	
Title:	MGRM	( ) Delete
Name:	WENCE, CATHERINE E	
Address:	1938 76 PLACE N	
City-St-Zip:	SAINT PETERSBURG, FL 33702	
Title:	MGRM	( ) Delete
Name:	HEFTE, ANNA B	
Address:	6411 PERSHING ST. NE	
City-St-Zip:	SAINT PETERSBURG, FL 33702	
Title:	MGRM	( ) Delete
Name:	HEFTE, AARON D	
Address:	6411 PERSHING ST. NE	
City-St-Zip:	SAINT PETERSBURG, FL 33702	
Title:	MGRM	( ) Delete
Name:	ROUNTREE, MICHAEL J	
Address:	6175 WOODROW WILSON BLVD. NE	
City-St-Zip:	SAINT PETERSBURG, FL 33703	
Title:	MGRM	( ) Delete
Name:	ROUNTREE, NORA F	
Address:	6175 WOODROW WILSON BLVD. NE	
City-St-Zip:	SAINT PETERSBURG, FL 33703	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NORA ROUNTREE MGRM 03/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date