2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

FILED Mar 21, 2007 8:00 am DOCUMENT # L03000003336 . **Secretary of State** 1. Entity Name 03-21-2007 90160 013 ****55.00 FAMCO ACQUISITION COMPANY, LLC Principal Place of Business Mailing Address 2400 E. COMMERCIAL BLVD. 2400 E. COMMERCIAL BLVD. SUITE 500 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 26-0059987 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEWMAN, !RWIN J Street Address (P.O. Box Number is Not Acceptable) 2400 E. COMMERCIAL BLVD. SUITE 500 FT. LAUDERDALE FL 33308 Zip Code 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 ${\color{red} Signature, typed or printed name of registered agent and title {\it if applicable.}}$ (NOTE, Beg stored Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Chairman Addition HILL TIME Change MGR ☐ Delete 2400 E. Commercial Blud. Suite 500 levin Freedman. NAME FAMCO HOLDING COMPANY, INC. STREET ADDRESS STREET ADDRESS 2400 E. COMMERCIAL BLVD., SUITE 500 Ft. Lauderdale, F1. 33308 CHY-ST-7IP FT. LAUDERDALE FL 33308 CITY ST-ZIP Ares. -CEO Addition DILLE ☐ Delete HIIU ☐ Change IRWIN J. NEWMAN NAME NAME 2400 E. COMMERCIAL Blid SNITE 500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Ft. LANDERDHB, Fl. 33308 Change THILL ☐ Delete TITLE VICE CHAIRMAN Addition NAME Steven B. Freedman 2400 E. Commercial Bird. Suite 500 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST-ZIP auderdale, Fl.33308 ☐ Delete 000 ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST-7IP ☐ Change ☐ Delete TITLE ☐ Addition HITTE NAMI. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP

11. I hereby cortify that the info@faction supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is frue 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY ST-ZIP

11111

NAME STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS CHY-ST-ZIP

> · L moss Newman SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Delete

Change

Addition