
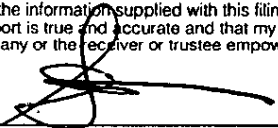


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

09-12-2005 90121 038 \*\*\*150.00

<b>DOCUMENT # L03000027192</b> 1. Entity Name <b>THE NEW FAEMA L.L.C.</b>						
Principal Place of Business <b>5030 CENTRAL SARASOTA PARKWAY #208 SARASOTA, FL 34238</b>			Mailing Address <b>5030 CENTRAL SARASOTA PARKWAY #208 SARASOTA, FL 34238</b>			
2. Principal Place of Business <b>1551 Main St.</b>		3. Mailing Address <b>Same</b>				
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 				
City & State <b>Sarasota FL</b>		City & State 		4. FEI Number <b>05-0580517</b>		
Zip <b>34236</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>GIORDANO, MARCELLO 5030 CENTRAL SARASOTA PARKWAY #208 SARASOTA, FL 34238</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>1551 Main St</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34236</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>						
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>			<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MASSARI, EMANUELA 5030 CENTRAL SARASOTA PARKWAY #208 SARASOTA, FL 34238 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	1019 S. Osprey Ave Sarasota FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GIORDANO, MARCELLO 5030 CENTRAL SARASOTA PARKWAY #208 SARASOTA, FL 34238 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	1019 S. Osprey Ave Sarasota, FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.						
<b>SIGNATURE:</b> 				9-1-05 941-5872623		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>		