2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000031160

1. Entity Name
FAMA ENTERPRISES, LLC

Principal Place of Business	Mailing Address
6831 N.W. 11TH PLACE, SUITE 2 GAINESVILLE, FL 32605	6831 N.W. 11TH PLACE, SUITE 2 GAINESVILLE, FL 32605

DO NOT WRITE IN THIS SPACE

01072008No Chg-LLC CR2E083 (12/07)

4. FEI Number
57-1184466

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MAUCERI, ARTHUR A
6831 N.W. 11TH PLACE, SUITE 2
GAINESVILLE, FL 32605

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

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

000000778943
01/11/08-80017-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRP
NAME	MAUCERI, ARTHUR A
STREET ADDRESS	6831 NW 11TH PLACE STE 2
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

ARTHUR A. MAUCERI

SIGNATURE: _____ 1/7/08 (352)331-3650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #