

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 17, 2007 08:00 A
Secretary of State

DOCUMENT # L03000051656 1. Entity Name CHRISTIAN FENEX AND ASSOCIATES, LLC	
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Principal Place of Business P.O. BOX 2533 PALM CITY, FL 34991	Mailing Address P.O. BOX 2533 PALM CITY, FL 34991
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DO NOT WRITE IN THIS SPACE

08062007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-0477251	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BRECHBILL, MARK 215 S FEDERAL HWY, STE 100 STUART, FL 34994	DO NOT WRITE IN THIS SPACE
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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)

Filing Fee is \$50.00
 Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	FENEX, CHRISTIAN
STREET ADDRESS	P.O. BOX 2533
CITY - ST - ZIP	PALM CITY, FL 34991
TITLE	MGR
NAME	GREGORY, NANCY
STREET ADDRESS	P.O. BOX 2533
CITY - ST - ZIP	PALM CITY, FL 34991
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

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 08/17/07-80007-013 50.00

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: CHRISTIAN FENEX 8/9/07 772-283-2977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #