2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L04000013589

1. Entity Name F.U. F. SERVICES, LLC



Principal Place of Business

1100 SOUTH ORLANDO AVENUE

SUITE 301

MAITLAND, FL 32751

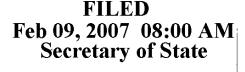
SIGNATURE:

Mailing Address

1100 SOUTH ORLANDO AVENUE

SUITE 301

MAITLAND, FL 32751





01072007 No Chg-LLC

CR2E083 (11/05)

Daytime Phone #

4. FEI Number	Applied For
20-0785832	Not Applicable
	\$5.00 Additional

6. Name and Address of Current Registered Agent

HOESLY, RICK 1100 SOUTH ORLANDO AVENUE **SUITE 301** MAITLAND, FL 32751

DO	NOT	WRITE
IN 1	ГНІЅ	SPACE

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.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS	P	A gray wash or a second of the	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOESLY, RICK 1100 SOUTH ORLANDO AVENUE, SUITE 301 MAITLAND, FL 32751		and the second s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOESLY, KIM 1100 SOUTH ORLANDO AVENUE, SUITE 301 MAITLAND, FL 32751		000000629633 02/19/07-80008-022-50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		in Ti	HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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.				