

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038781

Entity Name: F & N INVESTMENT VIII, LLC

FILED  
Apr 27, 2009  
Secretary of State

**Current Principal Place of Business:**

104 CRANDON BLVD., STE. 413  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

881 OCEAN DR.  
APT # 17-E  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

104 CRANDON BLVD., STE. 413  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

PO BOX 491527  
KEY BISCAYNE, FL 33149

FEI Number: 20-1193110

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KARDONSKI, FRANK G  
104 CRANDON BLVD # 413  
KEY BISCAYNE, FL 33149 US

**Name and Address of New Registered Agent:**

KARDONSKI, FRANK G  
881 OCEAN DRIVE  
APT # 17-E  
KEY BISCAYNE, FL 33149 US

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.

SIGNATURE: FRANK G. KARDONSKI

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HALEY INVESTMENTS LTD  
Address: 104 CRANDON BLVD SUITE 413  
City-St-Zip: KEY BISCAYNE, FL 33149 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HALEY INVESTMENTS LTD  
Address: PO BOX 491527  
City-St-Zip: KEY BISCAYNE, FL 33149 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FRANK KARDONSKI FOR HALEY INVESTMENTS

MGRM

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date