

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000048299**

1. Entity Name  
**CHINA FOB, LLC**



Principal Place of Business  
**15959 NW 15TH AVENUE  
MIAMI, FL 33169**

Mailing Address  
**15959 NW 15TH AVENUE  
MIAMI, FL 33169**



02082008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1304675</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**FARR, NEAL E  
15959 NW 15TH AVENUE  
MIAMI, FL 33169**

**DO NOT WRITE  
IN THIS 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 \_\_\_\_\_

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

000000829354  
02/26/08-80036-024 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	FARR, NEAL E
STREET ADDRESS	15959 NW 15TH AVENUE
CITY-STATE-ZIP	MIAMI, FL 33169

TITLE	MGR
NAME	KRAMER, JEFFREY A
STREET ADDRESS	15959 NW 15TH AVENUE
CITY-STATE-ZIP	MIAMI, FL 33169

TITLE	MGR
NAME	ROSENFELD, WILLIAM W
STREET ADDRESS	15959 NW 15TH AVENUE
CITY-STATE-ZIP	MIAMI, FL 33169

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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** \_\_\_\_\_

**NEAL E. FARR 2/12/08 305-623-9223**

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

Date

Daytime Phone #