

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050853

Entity Name: FACS ASSOCIATES LLC

FILED  
Feb 26, 2008  
Secretary of State

**Current Principal Place of Business:**

10504 NW 10TH STREET  
PLANTATION, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

10504 NW 10TH STREET  
PLANTATION, FL 33322

**New Mailing Address:**

FEI Number: 38-3706657

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRANT, FRANK A  
10504 NW 10TH STREET  
PLANTATION, FL 33322 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GRANT, FRANK A  
Address: 10504 NW 10TH STREET  
City-St-Zip: PLANTATION, FL 33322

Title: MGRM ( ) Delete  
Name: GRANT, CANDICE J  
Address: 10504 NW 10TH STREET  
City-St-Zip: PLANTATION, FL 33322

Title: MGRM ( ) Delete  
Name: GRANT, ANDRA M  
Address: 10504 NW 10TH STREET  
City-St-Zip: PLANTATION, FL 33322

Title: MGRM ( ) Delete  
Name: GRANT, SEAN R  
Address: 10504 NW 10TH STREET  
City-St-Zip: PLANTATION, FL 33322

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 GRANT

PRES

02/26/2008

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