

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 13, 2007 8:00 am
Secretary of State

09-13-2007 90016 019 ****50.00

DOCUMENT # L04000057641					
1. Entity Name FARA, LLC					
Principal Place of Business 16293 COCO HAMMOCK WAY SUITE 201 FORT MYERS, FL 33908			Mailing Address 16293 COCO HAMMOCK WAY SUITE 201 FORT MYERS, FL 33908		
2. Principal Place of Business - No P.O. Box # 1337 NE 33rd TER		3. Mailing Address 1337 NE 33rd TER			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Cape Coral, FL		City & State Cape Coral, FL		4. FEI Number 20-1446411	
Zip 33909		Country US		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent FERDINAND, ACKERMANN MGRM 13740 DOWNING LANE Y-1 FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name: Ferdinand Ackermann Street Address (P.O. Box Number is Not Acceptable): 1337 NE 33rd TER City: Cape Coral FL Zip Code: 33909		
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: <i>Ferdinand Ackermann</i> <i>Sey</i> Date: <i>Sep. 11 2007</i>					
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			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete WICKRAMASINGHE, RITA 13740 DOWNING LANE Y-1 FORT MYERS, FL 33919				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete ACKERMANN, FERDINAND 13740 DOWNING LANE Y-1 FORT MYERS, FL 33919				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1337 NE 33rd TER Cape Coral, FL 33909					
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<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <i>Sey</i> Date: <i>9/11/07</i> 202 448 5193					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					