

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90045 025 \*\*\*\*55.00

<b>DOCUMENT # L04000059187</b>					
<b>1. Entity Name</b> FAUX BY O L.L.C.					
<b>Principal Place of Business</b> 4188 SOUTH PINE ISLAND ROAD DAVIE, FL 33328			<b>Mailing Address</b> 4188 SOUTH PINE ISLAND ROAD DAVIE, FL 33328		
<b>2. Principal Place of Business</b> 4188 S. PINE IS. RD.		<b>3. Mailing Address</b> 4188 S. PINE IS. RD.			
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A		08012005    Chg-LLC    CR2E083 (10/03)	
City & State DAVIE, FL.		City & State DAVIE, FL.		<b>4. FEI Number</b>	
Zip    Country 33328    BROWARD		Zip    Country 33328    BROWARD		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MATANTS, STEVEN A 4188 SOUTH PINE ISLAND ROAD DAVIE, FL 33328			<b>7. Name and Address of New Registered Agent</b> Name: <u>CORRECT</u> Street Address (P.O. Box Number is Not Acceptable): City: <u>FL</u> Zip Code:		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATANTS, STEVEN A 4188 SOUTH PINE ISLAND ROAD DAVIE, FL 33328	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <u>MA G. WA</u>		Date: <u>09/01/05</u> Daytime Phone #: <u>954-439-4298</u>			