

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000071458**

1. Entity Name  
**FAMA LAND LLC**



Principal Place of Business  
**199-20 32ND AVENUE  
FLUSHING, NY 11358**

Mailing Address  
**199-20 32ND AVENUE  
FLUSHING, NY 11358**



04172006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>51-0525179</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**CORPDIRECT AGENTS, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301**

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

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAROLLO, ANTHONY 199-20 32ND AVENUE FLUSHING, NY 11358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAGUSA, MARK 29-40 FRANCIS LEWIS BOULEVARD FLUSHING, NY 11358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAM BONI, ANTHONY 360 E. 88TH STREET, APT. 2C NEW YORK, NY 10128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOMASELLI, FRANK 277 BAY 13TH STREET BROOKLYN, NY 11214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000551084  
05/13/06-80083-020 50.00

**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:** \_\_\_\_\_

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

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_