2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000010802

1. Entity Name

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

J&A FAZIO ENTERPRISES, LLC



Principal Place of Business

631 U.S. HIGHWAY 1, SUITE 402 NORTH PALM BEACH, FL 33408 Mailing Address

631 U.S. HIGHWAY 1, SUITE 402 NORTH PALM BEACH, FL 33408 FILED Feb 12, 2007 08:00 AM Secretary of State



02072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1241050 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

		Registered Agent

KRASKER, PAUL A ESQUIRE 625 N. FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH, FL 33401

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			11110 017102
8. The above the obligation	named entity submits this statement for the purpose of char tions of registered agent.	l nging its registered office or registered agent, or bo	th. in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable,	(NOTE, Registered Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	FAZIO, VINCENT M	•	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	631 U.S. HIGHWAY 1, SUITE 402		•
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		
TITLE		•	•
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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: WINDED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Destrict Dest