2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2008
Secretary of State

DOCUMENT# L05000033593

Entity Name: FAULKNER CAPITAL MANAGEMENT, LLC

Current Principal Place of Business:

1850 SE 17TH STREET
SUITE 107B
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

1850 SE 17TH STREET
SUITE 107B
FORT LAUDERDALE, FL 33316

New Mailing Address:

508 SOLAR ISLE DRIVE
FORT LAUDERDALE, FL 33301

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FAULKNER, J DOUGLAS
1850 SE 17TH STREET
SUITE 107B
FORT LAUDERDALE, FL 33316 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: PRES ( ) Delete
Name: FAULKNER, J. DOUGLAS
Address: 1850 SE 17TH STREET SUITE 107B
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: MGR ( ) Delete
Name: FAULKNER MANAGEMENT,, INC
Address: 1850 SE 17TH STREET SUITE 107B
City-St-Zip: FT. LAUDERDALE, FL 33316

ADDITIONS/CHANGES:

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: DOUG FAULKNER MGR 07/16/2008

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