


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90020 028 ****50.00

DOCUMENT # L05000044088					
1. Entity Name F&G, LLC					
Principal Place of Business 631 U.S. HIGHWAY 1 STE 400 NORTH PALM BEACH, FL 33408			Mailing Address 631 U.S. HIGHWAY 1 STE 400 NORTH PALM BEACH, FL 33408		
2. Principal Place of Business 631 US Highway 1		3. Mailing Address 631 US Highway 1			
Suite, Apt. #, etc. Suite 305		Suite, Apt. #, etc. Suite 305			
City & State North Palm Beach, FL		City & State North Palm Beach, FL			
Zip 33408	Country	Zip 33408	Country	4. FEI Number 20-4266401	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WHITE, JOHN II 1645 PALM BEACH LAKES BOULEVARD STE 1200 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Gregory J. Fagan Street Address (P.O. Box Number is Not Acceptable) 631 US Highway 1 Suite 305 City North Palm Beach FL Zip Code 33408		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE 4/17/06					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
Gregory J. Fagan 631 US Highway 1, Ste 305 North Palm Beach, FL 33408			William S. Graham 631 US Highway 1, Ste 305 North Palm Beach, FL 33408		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
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: _____			Date 4/17/06 Daytime Phone # _____		