

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90134 032 \*\*\*\*50.00

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01172007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L05000044088</b> 1. Entity Name <b>F&amp;G, LLC</b>					
Principal Place of Business <b>631 UNITED STATES HIGHWAY ONE SUITE 305 NORTH PALM BEACH, FL 33408 US</b>			Mailing Address <b>631 UNITED STATES HIGHWAY ONE SUITE 305 NORTH PALM BEACH, FL 33408 US</b>		
2. Principal Place of Business - No P.O. Box # <b>631 US Highway 1</b>		3. Mailing Address <b>631 US Highway 1</b>			
Suite, Apt. #, etc. <b>Suite 305</b>		Suite, Apt. #, etc. <b>Suite 305</b>			
City & State <b>North Palm Beach, FL</b>		City & State <b>North Palm Beach, FL</b>			
Zip <b>22408</b>		Country <b>33408</b>		4. FEI Number <b>20-4266401</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>FAGAN, GREGORY J 631 UNITED STATES HIGHWAY ONE SUITE 305 NORTH PALM BEACH, FL 33408</b>			7. Name and Address of New Registered Agent Name <b>Gregory J. Fagan</b> Street Address (P.O. Box Number is Not Acceptable) <b>631 US Highway 1 Suite 305</b> City <b>North Palm Beach</b> <b>FL</b> Zip Code <b>33408</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.					
SIGNATURE <span style="float: right;">3/5/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>9. MANAGING MEMBERS/MANAGERS</b> </div> <div style="width: 48%;"> <b>10. ADDITIONS/CHANGES</b> </div> </div>					
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>FAGAN, GREGORY J</b> STREET ADDRESS <b>631 UNITED STATES HIGHWAY ONE SUITE 305</b> CITY-ST-ZIP <b>NORTH PALM BEACH, FL 33408</b>			TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Gregory J. Fagan</b> STREET ADDRESS <b>631 US Highway 1, Ste 305</b> CITY-ST-ZIP <b>North Palm Beach, FL 33408</b>		
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>GRAHAM, WILLIAM S</b> STREET ADDRESS <b>631 UNITED STATES HIGHWAY ONE SUITE 305</b> CITY-ST-ZIP <b>NORTH PALM BEACH, FL 33408</b>			TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>William S Graham</b> STREET ADDRESS <b>631 US Highway 1, Ste 305</b> CITY-ST-ZIP <b>North Palm Beach, FL 33408</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: <span style="float: right;">3/5/07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					