


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000044088 1. Entity Name F&G, LLC	
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Principal Place of Business 631 UNITED STATES HIGHWAY ONE SUITE 305 NORTH PALM BEACH, FL 33408 US	Mailing Address 631 UNITED STATES HIGHWAY ONE SUITE 305 NORTH PALM BEACH, FL 33408 US
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DO NOT WRITE IN THIS SPACE



03122008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4266401	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FAGAN, GREGORY J 631 UNITED STATES HIGHWAY ONE SUITE 305 NORTH PALM BEACH, FL 33408	DO NOT WRITE IN THIS SPACE
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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.

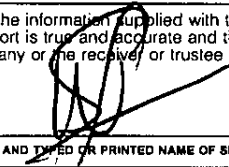
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FAGAN, GREGORY J 631 UNITED STATES HIGHWAY ONE SUITE 305 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAHAM, WILLIAM S 631 UNITED STATES HIGHWAY ONE SUITE 305 NORTH PALM BEACH, FL 33408
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04/24/08-80024-006 138.75

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** 4/14/08 **Daytime Phone #** _____