

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90061 007 \*\*\*\*50.00

<b>DOCUMENT # L05000048373</b> 1. Entity Name <b>FALCON NATIONAL TRUST, LLC</b>					
Principal Place of Business <b>2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461</b>			Mailing Address <b>2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03292006 Chg-LLC CR2E083 (11/05)	
4. FEI Number <b>59-3807305</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				00001000	
6. Name and Address of Current Registered Agent  <b>RUKIN, ROGER B 2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reissuing)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUKIN, JAMES B 2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUKIN, JULIA R 2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUKIN, ROGER B 2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUKIN, ROGER B 2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUKIN, ROGER B 2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUKIN, ROGER B 2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUKIN, ROGER B 2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461			<input type="checkbox"/> Delete	
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: _____ DAYTIME PHONE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					