

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000048373

1. Entity Name
FALCON NATIONAL TRUST, LLC



Principal Place of Business
**2328 TENTH AVENUE NORTH, SUITE 403
LAKE WORTH, FL 33461**

Mailing Address
**2328 TENTH AVENUE NORTH, SUITE 403
LAKE WORTH, FL 33461**



03082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3807305

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RUKIN, ROGER B
2328 TENTH AVENUE NORTH, SUITE 403
LAKE WORTH, FL 33461**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RUKIN, JAMES B
STREET ADDRESS	2328 TENTH AVENUE NORTH, SUITE 403
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	MGRM
NAME	RUKIN, JULIA R
STREET ADDRESS	2328 TENTH AVENUE NORTH, SUITE 403
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	MGRM
NAME	RUKIN, ROGER B
STREET ADDRESS	2328 TENTH AVENUE NORTH, SUITE 403
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/23/07-80007-011 50.00

**DO NOT WRITE
IN THIS SPACE**

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

3/8/07 561 586-0100

Date

Daytime Phone #