2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000050896

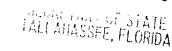
1. Entity Name FAD, L.L.C.



Principal Place of Business

201-34TH STREET NORTH ST. PETERSBURG, FL 33713 Mailing Address

201-34TH STREET NORTH ST. PETERSBURG, FL 33713 FILED 07 APR 26 PM 3: 45





03282007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2840550

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CANNON, JOHN 201-34TH STREET NORTH ST. PETERSBURG, FL 33713

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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_

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	STD
NAME	CANNON, JOHN
STREET ADDRESS	201-34TH STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33713
TITLE	PD
NAME	BAUMAN, ROBB A
STREET ADDRESS	201-34TH STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33713
TITLE	VD
NAME	BAUMAN, RONALD T
STREET ADDRESS	201-34TH STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33713
TITLE	VD
NAME	BAUMAN, MICHAEL C
STREET ADDRESS	201-34TH STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

AND TYPED OR RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-5-07 727-327-9026

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Daytime Phone #