2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT **FILED DOCUMENT # L05000063965** Mar 09, 2007 08:00 AM 1. Entity Name **FAZENDALOUKA LLC Secretary of State** Principal Place of Business Mailing Address 1409 WAGON WHEEL DRIVE 1409 WAGON WHEEL DRIVE SARASOTA, FL 34240 SARASOTA, FL 34240 03042007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3103180 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FEATHERMAN, PATRICIA B DO NOT WRITE 1409 WAGON WHEEL DRIVE SARASOTA, FL 34240 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, typed or printed name of registered agent and libs it applicable (NOTE: Registered Agent signature required when relostating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. TITLE FEATHERMAN, PATRICIA B NAME 1409 WAGON WHEEL DR. STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 U00000660678 TITLE 03/20/07-80010-008 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STHEET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

3-6-07 941-377-2794

STREET ADDRESS CITY-ST-7/P