

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067422

Entity Name: 1890 FAUST DRIVE, LLC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

4795 ENTERPRISE AVENUE
NAPLES, FL 341047042

New Principal Place of Business:

Current Mailing Address:

4795 ENTERPRISE AVENUE
NAPLES, FL 341047042

New Mailing Address:

FEI Number: 51-0564205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOKES, JULIAN
4795 ENTERPRISE AVENUE
NAPLES, FL 341047042 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STOKES, JULIAN
Address: 4795 ENTERPRISE AVENUE
City-St-Zip: NAPLES, FL 341047042

Title: MGR () Delete
Name: STOKES, DEBBIE
Address: 4795 ENTERPRISE AVENUE
City-St-Zip: NAPLES, FL 341047042

Title: MGR () Delete
Name: CAUTHEN, JOHN
Address: 4353 MICHIGAN LINK
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JULIAN STOKES

MGR

03/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date