

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90196 005 ****50.00

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1. Entity Name
FAR EAST GROUP LLC



Principal Place of Business

1618 SE 19 LANE
CAPE CORAL, FL 33990 US

Mailing Address

136 BOWERY SUITE 203
NEW YORK, NY 10013 US

20007769



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

02062006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-3443844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIU, GUAN L
1618 SE 19 LANE
CAPE CORAL, FL 33990

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME LIU, GUAN L
STREET ADDRESS 2208 CONTINENTAL DR
CITY-ST-ZIP HARRISBURG, PA 17110

TITLE MGRM ☐ Delete
NAME CHAN, WAI F
STREET ADDRESS 23 GREEN LEAF LAND
CITY-ST-ZIP ELIZABHTOWN, PA 17022

TITLE MGRM ☐ Delete
NAME LIU, JIN G
STREET ADDRESS 1623 SE 21 ST
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE MGRM ☐ Delete
NAME LAU, HANNY K
STREET ADDRESS 2561 RUE BIENVILLE
CITY-ST-ZIP DANVILLE, IL 61832

TITLE MGRM ☐ Delete
NAME LIU, BI D
STREET ADDRESS 18690 NW 67 AVE
CITY-ST-ZIP HIALEAH, FL 33015

TITLE MGRM ☐ Delete
NAME SHAO, GUO T
STREET ADDRESS 14754 DODSON DR
CITY-ST-ZIP WOODBRIDGE, VA 22193

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #