

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90305 046 \*\*\*\*50.00

**DOCUMENT # L05000089314**

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**



02162007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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

**04/10/07**

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LIU, GUAN L
STREET ADDRESS	2208 CONTINENTAL DR
CITY-ST-ZIP	HARRISBURG, PA 17110
TITLE	MGRM
NAME	CHAN, WAI F
STREET ADDRESS	23 GREEN LEAF LAND
CITY-ST-ZIP	ELIZABHTOWN, PA 17022
TITLE	MGRM
NAME	LIU, JIN G
STREET ADDRESS	1623 SE 21 ST
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	MGRM
NAME	LAU, HANNY K
STREET ADDRESS	2561 RUE BIENVILLE
CITY-ST-ZIP	DANVILLE, IL 61832
TITLE	MGRM
NAME	LIU, BI D
STREET ADDRESS	18690 NW 67 AVE
CITY-ST-ZIP	HALEAH, FL 33015
TITLE	MGRM
NAME	SHAO, GUO T
STREET ADDRESS	14754 DODSON DR
CITY-ST-ZIP	WOODBIDGE, VA 22193

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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

Date

Daytime Phone #

**04/10/07**