## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 24, 2008 08:00 AN Secretary of State

DOCUMENT # L05000089314	05000089314
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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



03132008 No Chg-LLC

CR2E083 (12/07)

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

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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 Fforida. I am familiar with, and acc	ept
	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

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

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	ELIZABTHTOWN, 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	HIALEAH, FL 33015	
TITLE	MGRM	
NAME-	SHAO, GUO T	
STREET ADDRESS	14754 DODSON DR	
CITY+ST-ZIP	WOODBRIDGE, VA 22193	
11. I hereby certify that the information supplied with this filling does not qualify to		

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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 eath; 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: SIGNATURE AND KYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DAILY

Daytime Phone #