

FILED
May 29, 2008 8:00 am
Secretary of State

04-14-2008 90223 035 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT# L05000090627			
1. Entity Name FAREAST INVESTMENTS, LIMITED LIABILITY COMPANY			
Principal Place of Business 4340 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32839		Mailing Address 4340 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32839	
2. Principal Place of Business - No P.O. Box#		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number APPLIED FOR 26-2672419		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ASANUMA, RIE 4340 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32839		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 _____ (NOTE: Registered Agent signature required in this instance) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ASANUMA, RIE 4340 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32839 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SUN, CHUNPO 4340 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32839 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SUN, HISAYO 4340 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32839 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, F.S. indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. I further certify that the information I am a managing member or manager of the			
SIGNATURE: 		4-12-08 407-835-1060	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	