

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096001

Entity Name: FABER FAMILY L.L.C.

FILED
Jan 07, 2007
Secretary of State

Current Principal Place of Business:

448 QUAY ASSISI
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

448 QUAY ASSISI
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 20-3808724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, WILLIAM L JR.
221 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169 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: FABER, CHERYL R
Address: 448 QUAY ASSISI
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGRM () Delete
Name: FABER, HERSCHEL
Address: 4176 CAMELLIA AVE
City-St-Zip: STUDIO CITY, CA 91604

Title: MGRM () Delete
Name: COOPER, REBECCA
Address: 28 MCCABE ST
City-St-Zip: ROBBINSONVILLE, NJ 08691

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 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: CHERYL R FABER

MGR

01/07/2007

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