

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096001

FILED  
Jan 07, 2007  
Secretary of State

Entity Name: FABER FAMILY L.L.C.

**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