


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # L05000096001 1. Entity Name FABER FAMILY L.L.C.	
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Principal Place of Business 448 QUAY ASSISI NEW SMYRNA BEACH, FL 32169	Mailing Address 448 QUAY ASSISI NEW SMYRNA BEACH, FL 32169
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DO NOT WRITE IN THIS SPACE



04092008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3808724	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ROSS, WILLIAM L JR. 221 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169

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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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

U00000901039
04/29/08-80055-003 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	FABER, CHERYL R
STREET ADDRESS	448 QUAY ASSISI
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	MGRM
NAME	FABER, HERSCHEL
STREET ADDRESS	4176 CAMELLIA AVE
CITY-ST-ZIP	STUDIO CITY, CA 91604
TITLE	MGRM
NAME	COOPER, REBECCA
STREET ADDRESS	28 MCCABE ST
CITY-ST-ZIP	ROBBINSONVILLE, NJ 08691
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: *Cheeryl R Faber* 4/14/2008 386-689-0585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #