

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096001

FILED
Mar 09, 2009
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:

FABER, AVROHM W
448 QUAY ASSISI
NEW SMYRNA BEACH, FL 32169 US

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: AVROHM W FABER

03/09/2009

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 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

03/09/2009

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