

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Feb 27, 2007
Secretary of State**

DOCUMENT# L05000107715

Entity Name: FAUX FANTASIES LLC

Current Principal Place of Business:

3808 HEIRLOOM ROSE PLACE
OVIEDO, FL 32766

New Principal Place of Business:

Current Mailing Address:

3808 HEIRLOOM ROSE PLACE
OVIEDO, FL 32766 US

New Mailing Address:

FEI Number: 56-2550789 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DISPARTI, HANNAH T
3808 HEIRLOOM ROSE PLACE
OVIEDO, FL 32766 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: DISPARTI, HANNAH T
Address: 3808 HEIRLOOM ROSE PLACE
City-St-Zip: OVIEDO, FL 32766 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DISPARTI, HANNAH T
Address: 3808 HEIRLOOM ROSE PLACE
City-St-Zip: OVIEDO, FL 32766 US

Title: MGRM () Change (X) Addition
Name: GARABEDIAN, GOE
Address: 1712 WINTERGREEN BLVD.
City-St-Zip: WINTE PARK, FL 32792 US

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: HANNAH DISPARTI

MGRM

02/27/2007

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