

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109771

FILED
Apr 19, 2007
Secretary of State

Entity Name: FARHAT ENTERPRISES ONE, LLC

Current Principal Place of Business:

660 CHARLOTTE STREET UNIT 8
PUNTA GORDA, FL 33950

New Principal Place of Business:

660 CHARLOTTE STREET, SUITE 8
PUNTA GORDA, FL 33950 US

Current Mailing Address:

99 NESBIT STREET
PUNTA GORDA, FL 33950

New Mailing Address:

C/O DAVID A. HOLMES
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

FEI Number: 20-3781969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMES, DAVID A
99 NESBIT STREET
PUNTA GORDA, FL 33950 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: FARHAT, PHILIP D
Address: POB 494517
City-St-Zip: PORT CHARLOTTE, FL 33949

Title: MGR () Delete
Name: FARHAT, TIMOTHY J
Address: POB 494517
City-St-Zip: PORT CHARLOTTE, FL 33949

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FARHAT, PHILIP D
Address: 660 CHARLOTTE STREET, SUITE 8
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MGR (X) Change () Addition
Name: FARHAT, TIMOTHY J
Address: 660 CHARLOTTE STREET, SUITE 8
City-St-Zip: PUNTA GORDA, FL 33950 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: TIMOTHY J. FARHAT

MGR

04/19/2007

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