FILED Jul 07, 2006 8:00 am Secretary of State 05-05-2006 90026 046 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

| DOCUMENT # L05000113264 1. Entity Name FLORIDA FABULOUS HOMES & INVESTMENTS LLC | | | | | | | | | |
|---|--------------|--|---|-------|--|--|-----------------------------|---|----------|
| Principal Place of Business 5460SW21ST H0LLYW00D, FL 33023 US Mailing Address 5460SW21ST H0LLYW00D, FL 33023 | | | | | s |] | DI DANA DIN DIN BUN BUN BAN | HSOLIJESO IJHO HOJO BIJJI GLOGO | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 07032006 | Chg-LLC | CR2E083 (11/05) | |
| City & State | | | City & State | | 55-6 | 09588 | | ed For pplicable | |
| Zip | Zip Country | | Zip | Cour | itry | 5. Certificat | e of Status Desired | 55.00 Addition Fee Required | enal |
| 8. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent Name | | | | |
| SMITH, CA 5460SW2* HOLLYWO | 1ST | EL STORKEY 33023 | Street Addre | | Street Address (| P.O. Box Num | ber is Not Acceptable) | | |
| | | | | | City | | | FL Zip Code | |
| 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 THAT I WAS A SIGNATURE (NOTE: Registered Agent signature required when refusating) TIOSIO6 ONTE: Registered Agent signature required when refusating) | | | | | | | | | |
| Filing Fee is \$56.00 Due by September 6, 2006 | | | | | | | | check payable to Department of State | |
| 9. | | MANAGING MEMBE | RS/MANAGERS | 10. | | ······································ | ADDITIONS/C | HANGES | |
| TITLE NAME | MGR Delete | | | TITU | - 1 | $\widehat{}$ | | | lon |
| STREET ADDRESS City-St-Zip | 5460 SW | | STREET ADI CITY-ST-Z Delete ITILE NAME | | EET ADDRESS -ST-ZIP | Per Tammy \$50 on File. | | | |
| TITLE NAME | | | | | E | | | | |
| STREET ADDRESS | | | | | ET ADDRESS | - FEI Number | | | |
| CITY-ST-ZIP TITLE | | ······································ | ☐ Delete TITLE | | 1 | FEI | Number : | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | ET ADDRESS | missing. | | | |
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| NAME STREET ADDRESS | ss e . | | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | ☐ Delete | CITY | - ST-ZIP | | | Change | Addition |
| NAME | | | NAME | | E | | | - onesign | 71000001 |
| STREET ADDRESS CITY-ST-ZIP | | | | | ET ADDRESS -ST-ZIP | | | | |
| 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: Storkey Smith 7 108 106 (954)963-3360 SIGNATURE: SIGNATURE AND TYPED OR PRINTED SAME OF BIGNING WANAGUNG MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED SAME OF BIGNING WANAGUNG MEMBER, WANAGER OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED SAME OF BIGNING WANAGUNG MEMBER, WANAGER OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED SAME OF BIGNING WANAGUNG MEMBER, WANAGER OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED SAME OF BIGNING WANAGUNG MEMBER, WANAGER OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED SAME OF BIGNING WANAGUNG MEMBER, WANAGER OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED SAME OF BIGNING WANAGUNG MEMBER, WANAGER OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED SAME OF BIGNING WANAGUNG MEMBER, WANAGER OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED SAME OF BIGNING WANAGUNG MEMBER, | | | | | | | | | |