


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90310 011 \*\*\*\*50.00

<b>DOCUMENT # L06000046666</b>		
1. Entity Name <b>FONG, LLC</b>		

Principal Place of Business <b>1221 E. ROBINSON STREET ORLANDO, FL 32801</b>	Mailing Address <b>1221 E. ROBINSON STREET ORLANDO, FL 32801</b>
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2. Principal Place of Business - No P.O. Box # <b>105 EAST SR 434</b>	3. Mailing Address <b>105 EAST SR 434</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>WINTER SPRINGS FL</b>	City & State <b>WINTER SPRINGS FL</b>
Zip <b>32708</b>	Zip <b>32708</b>
Country <b>USA</b>	Country <b>USA</b>

04212007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-4855807</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>FONG, DAVID 1221 E. ROBINSON STREET ORLANDO, FL 32801</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
<b>105 EAST SR 434</b>	
City <b>WINTER SPRINGS</b>	State <b>FL</b> Zip Code <b>32708</b>

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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FONG, DAVID <del>1221 E. ROBINSON STREET</del> <del>ORLANDO, FL 32801</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FONG, GEORGE <del>1221 E. ROBINSON STREET</del> <del>ORLANDO, FL 32801</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>105 E SR 434 WINTER SPRINGS FL 32708</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>105 E SR 434 WINTER SPRINGS FL 32708</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** DAVID FONG **DAVID FONG** 4/28/07 407-706-1378  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #