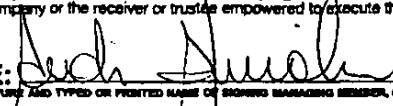


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

04-17-2007 90254 016 ****50.00

DOCUMENT # L06000048332					
1. Entity Name F & A HOLDINGS, LLC					
Principal Place of Business 2853 EXECUTIVE PARK DRIVE 202 WESTON, FL 33331			Mailing Address 2853 EXECUTIVE PARK DRIVE 202 WESTON, FL 33331		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address P.O. Box 266366		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Weston, FL		
Zip	Country	Zip	Country	4. FEI Number 20-4852854	
33326		33326	Broward	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FINOL, ANDRES 2853 EXECUTIVE PARK DRIVE 202 WESTON, FL 33331				Name	
				Street Address (P.O. Box Number 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINOL, ANDRES 2853 EXECUTIVE PARK DRIVE, SUITE 202 WESTON, FL 33331 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. FINOL ANDRES 2853 Executive Park Dr. Ste.202 Weston, FL 33331 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary FINOL, MARIANA 2853 Executive Park Dr. Ste.202 Weston, FL 33331 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary FINOL, MARIANA 2853 Executive Park Dr. Ste.202 Weston, FL 33331 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 			Date: 4-10-07 917-8680		