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	Mailing Address
2853 EXECUTIVE PARK DRIVE 202 WESTON, FL 33331	2853 EXECUTIVE PARK DRIVE 202 WESTON, FL 33331

03142007 Chg-LLC CR2E083 (12/06)

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 33326	Country Broward

4. FEI Number 20-4852854 ☐ Applied For ☐ Not Applicable

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
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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: [signature] 4-10-07 917-8680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #