FILED
Mar 21, 2007 8:00 am
Secretary of State
03-01-2007 90194 012 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000053008

1. Entity Name
FAMA BUILDERS, LLC

30003043

Principal Place of Business	Mailing Address
1470 NW 107 AVENUE SUITE C MIAMI, FL 33172	1470 NW 107 AVENUE SUITE C MIAMI, FL 33172

02142007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
12550 Biscayne Blvd.		12550 Biscayne Blvd.	
Suite, Apt. #, etc.: #507		Suite, Apt. #, etc.: #507	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33181	Country: USA	Zip: 33181	Country: USA

4. FEI Number: 20-4925676 ☐ 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
FAMADA, MARIO 1470 NW 107 AVENUE SUITE C MIAMI, FL 33172	Name: Street Address (P.O. Box Number is Not Acceptable): 12550 Biscayne Blvd., #507 City: Miami FL Zip Code: 33181

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	MGRM FAMADA, MARIO 1470 NW 107 AVENUE SUITE C MIAMI, FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12550 Biscayne Blvd., #507 Miami, FL 33181	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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] 2/21/07 786-252-4719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #