2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 21, 2007 8:00 am
Secretary of State
03-01-2007 90194 018 ****50.00

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1. Entity Name
FAMA DEVELOPERS, LLC

30003044

02142007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
1470 N.W. 107 AVENUE B MIAMI, FL 33172 US	1470 N.W. 107 AVENUE B MIAMI, FL 33172 US

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 20-4924551 ☐ 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 O 1470 N.W. 107 AVENUE B 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (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 FAMADA, MARIO O 1470 NW 107 AVE, STE B MIAMI, FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	12550 Biscayne Blvd., #507 Miami, FL 33172	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FAMADA, ODIANIS 1470 NW 107 AVE STE B 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	MGR JALIL, MAURICIO 1470 NW 107 AVE STE B 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: ✓ _____ ✓ 2/21/07 ✓ 786-258-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #