

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90122 028 \*\*\*138.75

60027123



<b>DOCUMENT # L06000053127</b> 1. Entity Name <b>FAMA DEVELOPERS, LLC</b>					
Principal Place of Business <b>12550 BISCAYNE BLVD SUITE 507 MIAMI, FL 33181 US</b>			Mailing Address <b>12550 BISCAYNE BLVD SUITE 507 MIAMI, FL 33181 US</b>		
2. Principal Place of Business - No P.O. Box # <b>12371 SW 132 Ct.</b>		3. Mailing Address <b>12371 SW 132 Ct.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>20-4924551</b>	
Zip <b>33186</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FAMADA, MARIO O 12550 BISCAYNE BLVD SUITE 507 MIAMI, FL 33181</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>12371 SW 132 Ct.</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33186</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>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAMADA, MARIO O 12550 BISCAYNE BLVD SUITE 507 MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	12371 SW 132nd Ct. Miami, FL 33186
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAMADA, ODIANIS 12550 BISCAYNE BLVD SUITE 507 MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	12371 SW 132nd Ct. Miami, FL 33186
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JALIL, MAURICIO 12550 BISCAYNE BLVD SUITE 507 MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	12371 SW 132nd Ct. Miami, FL 33186
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		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"/> Delete		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.					
<b>SIGNATURE:</b> <b>m.m.</b> <b>4/8/08</b> <b>(554) 478110</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					