2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L06000064381

Entity Name: FABIAN MANAGEMENT, LLC

Current Principal Place of Business:

42 WINDING CREEK WAY
ORMOND BEACH, FL 32174

New Principal Place of Business:

42 WINDING CREEK WAY
ORMOND BEACH, FL 32174 US

Current Mailing Address:

42 WINDING CREEK WAY
ORMOND BEACH, FL 32174

New Mailing Address:

42 WINDING CREEK WAY
ORMOND BEACH, FL 32174 US

FEI Number: 20-5069021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GORNTO, L.A. JR, ESQ
149 S. RIDGEWOOD AVE. SUITE 550
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FABIAN, MICHAEL A
Address: 42 WINDING CREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR ( ) Delete
Name: FABIAN, MARTHA M
Address: 42 WINDING CREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FABIAN, MICHAEL A
Address: 42 WINDING CREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGR (X) Change ( ) Addition
Name: FABIAN, MARTHA M
Address: 42 WINDING CREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL A FABIAN MGR 04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date