2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

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Entity Name: FAITH LIMITED LIABILITY COMPANY

Current Principal Place of Business:

C/O BLUE HORIZONS
1335 BENNETT DR., UNIT #145
LONGWOOD, FL 32750 US

New Principal Place of Business:

C/O BLUE HORIZONS
616 W. EVERGREEN CT.
LONGWOOD, FL 32750 US

Current Mailing Address:

1335 BENNETT DR.
SUITE 145
LONGWOOD,, FL 32750 US

New Mailing Address:

616 W. EVERGREEN CT.
LONGWOOD,, FL 32750 US

FEI Number: 59-3177198 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARSEN, GARY C SR.
1863 POINCIANA RD
WINTER PARK, FL 32792 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: P ( ) Delete
Name: LARSON, GARY L SR.
Address: 1335 BENNETT DR., STE 145
City-St-Zip: LONGWOOD, FL 32750

Title: V ( ) Delete
Name: OLSON, MARTY
Address: 1335 BENNETT DR., STE 145
City-St-Zip: LONGWOOD, FL 32750

Title: P ( ) Delete
Name: LARSEN, GARY
Address: 1335 BENNETT DRIVE, SUITE 145
City-St-Zip: LONGWOOD, FL 32750 US

Title: V ( ) Delete
Name: OLSON, MARTY
Address: 1335 BENNETT DRIVE, SUITE 145
City-St-Zip: LONGWOOD, FL 32750 US

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: LARSON, GARY L SR.
Address: 616 W. EVERGREEN CT.
City-St-Zip: LONGWOOD, FL 32750

Title: V (X) Change ( ) Addition
Name: OLSON, MARTY
Address: 616 W. EVERGREEN CT.
City-St-Zip: LONGWOOD, FL 32750

Title: P (X) Change ( ) Addition
Name: LARSEN, GARY
Address: 616 W. EVERGREEN CT.
City-St-Zip: LONGWOOD, FL 32750 US

Title: V (X) Change ( ) Addition
Name: OLSON, MARTY
Address: 616 W. EVERGREEN CT.
City-St-Zip: LONGWOOD, FL 32750 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: GARY C. LARSEN SR. PRES 04/20/2009

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