

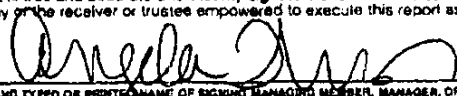
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 13, 2007 8:00 am
Secretary of State

07-11-2007 90012 049 ****50.00

30012224



DOCUMENT # L06000073554					
1. Entity Name FARE HOLDINGS, L.L.C.					
Principal Place of Business 2820 SW 31ST LANE CAPE CORAL, FL 33914			Mailing Address 2820 SW 31ST LANE CAPE CORAL, FL 33914		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5306880	
Zip	Country	Zip	Country	Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				07052007 Chg-LLC CR2E083 (12/06)	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THRESHER, FRANK 2820 SW 31ST LANE CAPE CORAL, FL 33914			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
9. This 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 _____					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	THRESHER, FRANK		NAME		
STREET ADDRESS	2820 SW 31ST LANE		STREET ADDRESS		
CITY- ST- ZIP	CAPE CORAL, FL 33914		CITY- ST- ZIP		
TITLE	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	THRESHER, ANGELA		NAME		
STREET ADDRESS	2820 SW 31 LANE		STREET ADDRESS		
CITY- ST- ZIP	CAPE CORAL, FL 33914		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: 			7/16/07 2395741185		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		