2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #1 06000078920



FILED Jan 25, 2007 8:00 am Secretary of State

1. Entity Name FAITH HOLDINGS, LLC								01-25-2007	90087 (012 ****50	0.00
Principal Place 18027 PALM TAMPA, FL 3	BREEZE D		Mailing Address 18027 PALM BREEZE 1 TAMPA, FL 33647	18027 PALM BREEZE DRIVE			- ພູບບບສູບູບູ				
2. Principal Pi	lace of Busin	ness - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc. City & State			Suite, Apt. #, etc. City & State				0123200	7 Chg-LLC	CR2E083 (12/06)		
							4. FEI Nur	5374464	,	_ 	oplied For of Applicable
Zip	Country		Zip Coun		try			ate of Status Desired		\$5.00 Add	ditional
	6. Name	and Address of Current I	egistered Agent				7. Name a	ind Address of New I	Registered	d Agent	
					Name			•			·
NORMAN, CHRISTOPHER H 315 S. HYDE PARK AVENUE TAMPA, FL 33606					Street A	ddress (f	P.O. Box Nu	mber is Not Acceptab	le)		
					City				F	Zip Cod	le
		ty submits this statement for tered agent.	r the purpose of changing its	register	ed office or	register	ed agent, or	both, in the State of F	lorida. I ar	n familiar with,	and accept
'SIGNATURE .	Signature, types	d or printed name of registered agent a	and title if applicable. (NOTI	E: Regislere	d Agent signat	nte tedniked	when reinstating	1	DATE		
						Make check payable to Florida Department of State					
Fi Di	iling Fee ue by Ma	ls \$50.00 y 1, 2007									e
Dı	iling Fee ue by Ma	y 1, 2007	RS/MANIAGERS	1 40				Florid	la Depart	ment of Stat	e
9. TITLE NAME STREET ADDRESS	iling Fee ue by Ma	is \$50.00 y 1, 2007	RS/MANAGERS			Robe 18027	ny Re	ADDITIONS Mem bln ed Breeze Dn	la Depart	ment of Stat	e Addition
9. TITLE NAME	iling Fee ue by Ma	y 1, 2007		TITLI NAM STRE CITY TITLI NAM STRE	E Et address -St-Zip E	Robe 18027 TAM MAX JAYA 1802	PAIN PAIN PA FL PAGING VEE DE 7 PAIM	ADDITIONS Mem ben	la Depart	ment of Stat	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	iling Fee ue by Ma	y 1, 2007	☐ Delete	TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE STRE	E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E SET ADDRESS -ST-ZIP	Robe 18027 TAM MAX JAYA 1802	PAIN PAIN PA FL PAGING VEE DE 7 PAIM	ADDITIONS Mem ben ed Breeze Dn 33647 Mem ben ed Breeze Sn	la Depart	ment of State	☐ Addition
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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: Pout 1 Sec. SIGNATURE and typed or printed name of signing managing member, manager, or authorized representative

1/23/07 813-866-1438