

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086953

FILED
May 01, 2009
Secretary of State

Entity Name: FABER ASSET MANAGEMENT, LLC

Current Principal Place of Business:

12913 PENNELL PINES ROAD
BOYNTON BEACH, FL 33436 US

New Principal Place of Business:

110 EAST ATLANTIC AVENUE
SUITE 230
DELRAY BEACH, FL 33444 US

Current Mailing Address:

12913 PENNELL PINES ROAD
BOYNTON BEACH, FL 33436 US

New Mailing Address:

110 EAST ATLANTIC AVENUE
SUITE 230
DELRAY BEACH, FL 33444 US

FEI Number: 20-8001784 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FABER, DAVID
12913 PENNELL PINES ROAD
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

FABER, DAVID
1110 EAST ATLANTIC AVENUE
SUITE 230
DELRAY BEACH, FL 33444 US

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: DAVID FABER

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FABER, DAVID
Address: 12913 PENNELL PINES ROAD
City-St-Zip: BOYNTON BEACH, FL 33436 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FABER, DAVID
Address: 110 EAST ATLANTIC AVENUE, SUITE 230
City-St-Zip: DELRAY BEACH, FL 33444 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: DAVID FABER

MGR

05/01/2009

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