


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000115016

1. Entity Name
F AND N LLC



FILED
07 APR 30 AM 10:13

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1275 LAKE HEATHROW LANE
HEATHROW, FL 32746

Mailing Address
1275 LAKE HEATHROW LANE
HEATHROW, FL 32746



2. Principal Place of Business - No P.O. Box #
25 IMPERIAL STREET

3. Mailing Address
25 IMPERIAL STREET

Suite, Apt. #, etc.
SUITE 500

Suite, Apt. #, etc.
SUITE 500

04122007 Chg-LLC CR2E083 (12/06)

City & State
TORONTO, ONTARIO

City & State
TORONTO, ONTARIO

Zip
M5P 1B9

Country
CANADA

Zip
M5P 1B9

Country
CANADA

4. FEI Number
20-8539076

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROECKER, R PAUL
1275 LAKE HEATHROW LANE
HEATHROW, FL 32746

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

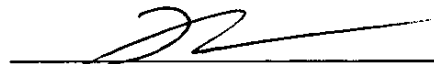
**Filing Fee is \$50.00
Due by May 1, 2007**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAURIE, FRANK 1275 LAKE HEATHROW LANE HEATHROW, FL 32746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	LAURIE, FRANK 25 IMPERIAL STREET, SUITE 500 TORONTO ONTARIO CANADA M5P 1B9 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	700103009977 05/22/07--01021--004 **1650.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **19 APR 2007** **416-483-808**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #