

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121652

Entity Name: FAAD PROPERTIES, LLC

FILED  
Mar 15, 2007  
Secretary of State

## Current Principal Place of Business:

1655 BREAKERS WEST BLVD.  
ROYAL PALM BEACH, FL 33411

## New Principal Place of Business:

1655 BREAKERS WEST BLVD.  
WEST PALM BEACH, FL 33411

## Current Mailing Address:

1655 BREAKERS WEST BLVD.  
ROYAL PALM BEACH, FL 33411

## New Mailing Address:

1655 BREAKERS WEST BLVD.  
WEST PALM BEACH, FL 33411

FEI Number: 13-1366375

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PANTALEO, FRANCIS T  
1655 BREAKERS WEST BLVD.  
ROYAL PALM BEACH, FL 33411 US

## Name and Address of New Registered Agent:

PANTALEO, FRANCIS T  
1655 BREAKERS WEST BLVD.  
WEST PALM BEACH, FL 33411 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: FRANCIS PANTALEO

03/15/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: PANTALEO, FRANCIS T  
Address: 1655 BREAKERS WEST BLVD.  
City-St-Zip: ROYAL PALM BEACH, FL 33411

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: PANTALEO, FRANCIS T  
Address: 1655 BREAKERS WEST BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANCIS PANTALEO

PRES

03/15/2007

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