

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122022

FILED  
May 01, 2007  
Secretary of State

Entity Name: FAB GROUP LLC

**Current Principal Place of Business:**

13541 N. FLORIDA AVE.  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

16123 ANCROFT CT.  
TAMPA, FL 33647

**New Mailing Address:**

13541 N. FLORIDA AVE.  
TAMPA, FL 33613

FEI Number: 20-8110320      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:**

HASAN, FIOAZ  
16123 ANCROFT CT.  
TAMPA, FL 33647      US

**Name and Address of New Registered Agent:**

HASAN, FIOAZ  
13541 N. FLORIDA AVE.  
TAMPA, FL 33613      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:

05/01/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HASAN, FIOAZ  
Address: 16123 ANCROFT CT.  
City-St-Zip: TAMPA, FL 33647

Title: MGRM ( ) Delete  
Name: HASSAN, AWAD  
Address: 18220 SWEET JASMINE DR.  
City-St-Zip: TAMPA, FL 33647

Title: MGRM ( ) Delete  
Name: ELFALLAH, KHALED  
Address: 6804 BLUFFS BLVD  
City-St-Zip: TAMPA, FL 33617

Title: MGRM ( ) Delete  
Name: MUSTAFA, NEHAD  
Address: 15904 ELLSWORTH DR.  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HASAN, FIOAZ  
Address: 18137 LONGWATER RUN DR.  
City-St-Zip: TAMPA, FL 33647

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FIOAZ HASAN

MGRM

05/01/2007

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