2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2008
Secretary of State

DOCUMENT# L07000053130

Entity Name: FAF-ACE, LLC

Current Principal Place of Business:

4396 NW 113 CT
MIAMI, FL 33178

New Principal Place of Business:

6010 NW 99 AVE
UNIT 107
MIAMI, FL 33178

Current Mailing Address:

4396 NW 113 CT
MIAMI, FL 33178

New Mailing Address:

6010 NW 99 AVE
UNIT 107
MIAMI, FL 33178

FEI Number: 06-1816093 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, DONALD L III
4396 NW 113 CT
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

SMITH, DONALD L III
6010 NW 99 AVE
UNIT 107
MIAMI, FL 33178 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: 04/19/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SMITH, DONALD L III
Address: 4396 NW 113 CT
City-St-Zip: MIAMI, FL 33178

Title: MGR ( ) Delete
Name: SMITH, SANDRA J
Address: 4396 NW 113 CT
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SMITH, DONALD L III
Address: 6010 NW 99 AVE, UNIT 107
City-St-Zip: MIAMI, FL 33178

Title: MGR (X) Change ( ) Addition
Name: SMITH, SANDRA J
Address: 6010 NW 99 AVE, UNIT 107
City-St-Zip: MIAMI, FL 33178

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: DONALD L. SMITH, III MGR 04/19/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date