2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054475

Entity Name: FATHER & SON CONFECTIONS, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
6166 NW 23RD BOCA, FL 33434 US	4104 MILLENIA BLVD SUITE D-102 ORLANDO, FL 32839 US
Current Mailing Address:	**New Mailing Address:**
6166 NW 23RD BOCA, FL 33434 US	2320 SIERRA LANE MAITLAND, FL 32751 US

FEI Number: 61-1531507   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:	**Name and Address of New Registered Agent:**
KAREY L. BOSACK, P.A. 1177 SOUTHEAST 3RD AVENUE FORT LAUDERDALE, FL 33316 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: _____

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	BLEICH, MICHAEL	Name:	
Address:	6166 NW 23RD	Address:	
City-St-Zip:	BOCA, FL 33434 US	City-St-Zip:	
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	BLEICH, ALAN L	Name:	BLEICH, ALAN L
Address:	6166 NW 23RD	Address:	2320 SIERRA LANE
City-St-Zip:	BOCA, FL 33434 US	City-St-Zip:	MAITLAND, FL 32751 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: ALAN BLEICH   MGRM   09/07/2008
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date