

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126390

Entity Name: FALCON AMERICREST, LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

1951 N.W. 19TH STREET, SUITE 200
BOCA RATON, FL 334321

New Principal Place of Business:

Current Mailing Address:

1951 N.W. 19TH STREET, SUITE 200
BOCA RATON, FL 334321

New Mailing Address:

FEI Number: 83-0502068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE, SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

DIFIORE, CORA
1951 NW 19TH STREET
200
BOCA RATON, FL 33431 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: CORA DIFIORE

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FALCONE, ART
Address: 1951 N.W. 19TH STREET, SUITE 200
City-St-Zip: BOCA RATON, FL 334321

Title: MGRM () Delete
Name: KINSEY, JOHN
Address: 1951 N.W. 19TH STREET, SUITE 200
City-St-Zip: BOCA RATON, FL 334321

ADDITIONS/CHANGES:

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: ARTHUR FALCONE

MGRM

04/29/2008

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