2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000126390

Entity Name: FALCON AMERICREST, LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 83-0502068 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGR (X) Change () Addition Name: FALCONE, ART Name: ANTENUCCI, ALBO JR

Address: 1951 N.W. 19TH STREET, SUITE 200 Address: 1951 N.W. 19TH STREET, SUITE 200

 City-St-Zip:
 BOCA RATON, FL 334321
 City-St-Zip:
 BOCA RATON, FL 334321

Title: MGRM () Delete Title: MGR (X) Change () Addition

Name: KINSEY, JOHN Name: KINSEY, JOHN

Address: 1951 N.W. 19TH STREET, SUITE 200 Address: 1951 N.W. 19TH STREET, SUITE 200

City-St-Zip: BOCA RATON, FL 334321 City-St-Zip: BOCA RATON, FL 334321

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: ALBO ANTENUCCI MGR 04/30/2009