2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L07000126391

Entity Name: FALCON AV EQUITY, LLC

Current Principal Place of Business:

1951 N.W. 19TH STREET, SUITE 200
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

1951 N.W. 19TH STREET, SUITE 200
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 83-0502071 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: MGRM ( ) Delete
Name: FALCONE, ART
Address: 1951 N.W. 19TH STREET, SUITE 200
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Delete
Name: KINSEY, JOHN
Address: 1951 N.W. 19TH STREET, SUITE 200
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ANTENUCCI, ALBO JR
Address: 1951 N.W. 19TH STREET, SUITE 200
City-St-Zip: BOCA RATON, FL 33431

Title: MGR (X) Change ( ) Addition
Name: KINSEY, JOHN
Address: 1951 N.W. 19TH STREET, SUITE 200
City-St-Zip: BOCA RATON, FL 33431

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

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