

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L92000000077

FILED
Apr 10, 2006
Secretary of State

Entity Name: F.A.S. INTERNATIONAL, L.C.

Current Principal Place of Business:

701 SANCTUARY DR.
BOCA RATON, FL 33431

New Principal Place of Business:

575 SANDPIPER WAY
BOCA RATON, FL 33431

Current Mailing Address:

701 SANCTUARY DR.
BOCA RATON, FL 33431

New Mailing Address:

575 SANDPIPER WAY
BOCA RATON, FL 33431

FEI Number: 59-3157709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEINFELD & ASSOCIATES, P.A.
1 SE 3RD AVE., SUITE 1940
MIAMI, FL 33131 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: SMOLKA, FELIX A
Address: 701 SANCTUARY DR
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete
Name: FELIX A. SMOLKA TRUS, T
Address: 701 SANCTUARY DRIVE
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMOLKA, FELIX A
Address: 575 SANDPIPER WAY
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM (X) Change () Addition
Name: FELIX A. SMOLKA TRUS, T
Address: 575 SANDPIPER WAY
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify for the 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: FELIX A SMOLKA

MGRM

04/10/2006

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