


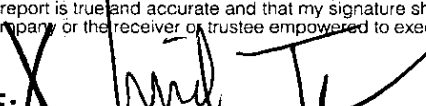
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90078 021 ****50.00

DOCUMENT # L98000000329 1. Entity Name FAUX WORKS, L.C.																											
Principal Place of Business 713 E. PALMETTO PARK ROAD BOCA RATON FL 33432		Mailing Address 22785 MARBELLA CIRCLE BOCA RATON FL 33433																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 21729 Town Pl. Drive Suite, Apt. #, etc.																									
City & State Zip Country		City & State Boca Raton, FL Zip Country 33433																									
4. FEI Number 52-2104591		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent TURK, LINDA 22785 MARBELLA CIRCLE BOCA RATON FL 33433		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
8. 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. I am familiar with, and accept the obligations of registered agent.																											
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable.) DATE _____ <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 </div>																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">PRES</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TURK, LINDA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>22785 MARBELLA CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON FL 33433</td> <td></td> </tr> </table>		TITLE	PRES	<input type="checkbox"/> Delete	NAME	TURK, LINDA		STREET ADDRESS	22785 MARBELLA CIRCLE		CITY-ST-ZIP	BOCA RATON FL 33433		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **8/12/04** **561-213-6092**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #