


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90213 014 \*\*\*\*50.00

**DOCUMENT # L02000020848**

1. Entity Name  
**PACE FAMILY, L.L.C.**



Principal Place of Business  
**C/O BENEDICT PACE  
 2200 SMITHTOWN AVE.  
 RONKONKOMA, NY 11779**

Mailing Address  
**C/O BENEDICT PACE  
 2200 SMITHTOWN AVE.  
 RONKONKOMA, NY 11779**

2. Principal Place of Business  
**90 CAROL GBUR**

3. Mailing Address

Suite, Apt. #, etc.  
**20 HONEYMAN DRIVE**

Suite, Apt. #, etc.

City & State  
**FLEMINGTON NJ**

City & State


Zip  
**08824**

Country

Zip  
 Country

6. Name and Address of Current Registered Agent  
**FRIEDMAN, ROBERT J  
 1150 E. HALLANDALE BEACH BLVD.  
 HALLANDALE BEACH, FL 33009**

**20031687**



01062005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**04-3723477** Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2005**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PACE, BERNEDET 2200 SMITHTOWN AVE RONKONKOMA, NY 11779 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAROL GBUR 20 HONEYMAN DRIVE FLEMINGTON, NJ 08824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Carol Gbur **CAROL GBUR** 4/4/05 908-782-2130

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