


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90209 037 ****50.00

DOCUMENT # L02000020848

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



Principal Place of Business
C/O CAROL GBUR
26 HONEYMAN DR
FLEMINGTON, NJ 08822 US

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

20025914



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
Carol Gbur
 Suite, Apt. #, etc.
26 Honeyman Dr.
 City & State
Flemington, New Jersey
 Zip
08822
 Country
USA

01072006 Chg-LLC CR2E083 (11/05)

4. FEI Number
04-3723477

Applied For
 Not Applicable

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

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

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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GBUR, CAROL 26 HONEYMAN DR FLEMINGTON, NJ 08822 <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 exemptions contained in Chapter 119, 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* **4/07/06** **908-782-2130**

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