2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 21, 2008 08:00 A Secretary of State

	ANNU	JAL REPORT			r 21, 2008 08
DOCU	MENT # L02000	020848		· .	Secretary of S
1. Entity Nan	ne AMILY, L.L.C.				
	11711 to 7 5 to 141 CV				
Principal Plac	ce of Business	· Mailing Address		1	
C/O CAROL (26 HONEYM		C/O CAROL GBUR			
	N, NJ 08822 US	26 HONEYMAN DR Flemington, nj. 08822	2 US	· ,	
		Marting to the control of the contro			
DO NOT WRITE IN THIS SPA				04152008No Chg-LLC	CR2E083 (12/07)
L	O NOT WK		ACE	4. FEI Number 04-3723477	Applied For Not Applicable
	·.	and the second	A	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of C	urrent Registered Agent			
FRIEDMA	N, ROBERT J			DO NOT W	DIŤE
1150 E. HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009					
HALLAND	ALL BLACH, I'L 30009			IN THIS SP	ACE
8. The above	named entity submits this stater tions of registered agent.	ment for the purpose of changing its re	gistered office or register	ed agent, or both, in the State of Flo	rida. I am familiar with, and accept
·					
SIGNATURE.	Signature, typed or printed name of register	ed agent and title if applicable (NOTE: F	legistered Agent signature required	when reinstating)	DATE
	NOWIII FEE 18 \$138.79 y 1, 2008 Fee will be \$5			000000 05/07/08	0910954 -80021-009 138.75
9.	MANAGING N	MEMBERS/MANAGERS			
TITLE	MGR				
NAME STREET ADDRESS	GBUR, CAROL 26 HONEYMAN DR				
CITY-ST-ZIP	FLEMINGTON, NJ 08822				
TITLE		· · · · · · · · · · · · · · · · · · ·			
NAME CTREET ADODESC					•
STREET ADDRESS CITY-ST-ZIP	•		J '		
TITLE					
NAME		•	•	1.1	
STREET ADDRESS :				DO NOT W	RITF
TITLE			—		
NAME				IN THIS SP	ACE
STREET ADDRESS					
CITY-SF-ZIP		i de la companya della companya dell			
TITLE		. • •			
NAME STREET ADDRESS					
CITY-ST-ZIP					

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: <u>Carol Sour</u>

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/15/08 908-782-213

Daytime Phone #