


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90343 023 ****50.00

DOCUMENT # L03000015223	
1. Entity Name SEPNER FAMILY REALTY, LLC	

Principal Place of Business 7538 GLENDEVON LANE DELRAY BEACH FL 33446	Mailing Address 7538 GLENDEVON LANE DELRAY BEACH FL 33446
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2. Principal Place of Business - No P.O. Box # 7731 GLENDEVON LANE	3. Mailing Address 7731 GLENDEVON LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State DELRAY BEACH, FL	City & State DELRAY BEACH, FL
Zip 33446	Country USA
Zip 33446	Country USA

4. FEI Number 65-0697972	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 DAVIDOFF, SANDRA LEE 7538 GLENDEVON LANE DELRAY BEACH FL 33446	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7731 GLENDEVON LANE City DELRAY BEACH, FL FL Zip Code 33446
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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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DAVIDOFF, SANDRA L	
STREET ADDRESS	7538 GLEN DEVON LN	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KIRSHNER, BETH	
STREET ADDRESS	7538 GLEN DEVON LN	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	MGRM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIDOFF, SANDRA L		
STREET ADDRESS	7731 GLENDEVON LANE		
CITY-ST-ZIP	DELRAY BEACH, FL. 33446		
TITLE	MGRM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIRSHNER, BETH		
STREET ADDRESS	7731 GLENDEVON LANE		
CITY-ST-ZIP	DELRAY BEACH, FL 33446		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 Section 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: Sandra Davidoff Partner 3/29/08 561-496-4686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #