

**2007 LIMITED LIABILITY COMPANY ,  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000042889 1. Entity Name BUSSEL FAMILY HOLDING COMPANY, L.L.C.	
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Principal Place of Business 9405 EAST BROADVIEW DRIVE BAY HARBOR ISLAND, FL 33154	Mailing Address 9405 EAST BROADVIEW DRIVE BAY HARBOR ISLAND, FL 33154
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07102007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  ADAMS, JOHN C ESQ. % ADAMS & ADAMS, P.A. 2701 PONCE DE LEON BOULEVARD, SUITE 302 CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUSSEL, JOHN M 9405 E. BROADVIEW DRIVE BAY HARBOR ISLANDS, FL 33154
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07/13/07-80004-002 50.00

**DO NOT WRITE IN THIS SPACE**

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: *John M. Busnel* John M. Busnel Date: 7/10/07 305 358 5941  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #