



**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90020 041 \*\*\*\*50.00

<b>DOCUMENT # L04000055545</b>					
1. Entity Name <b>FRITZ FAMILY W.M., L.L.C.</b>					
Principal Place of Business <b>160 N.W. 7TH STREET BOCA RATON, FL 33432</b>		Mailing Address <b>160 N.W. 7TH STREET BOCA RATON, FL 33432</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03102006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number <b>20-1522974</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FRITZ, GEORGE J 160 NW 7TH STREET BOCA RATON, FL 33432</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRITZ, GEORGE J</b>		NAME		
STREET ADDRESS	<b>160 N.W. 7TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON, FL 33432</b>		CITY-ST-ZIP		
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRITZ, KEVIN G</b>		NAME	<b>3 WINDSOR CT</b>	
STREET ADDRESS	<b>5 HENNING DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FAIRFIELD, NJ 07004</b>		CITY-ST-ZIP		
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRITZ, ROBERT G</b>		NAME		
STREET ADDRESS	<b>3 GARNER ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BLOOMSBURY, NJ 08804</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> 		Date: <b>4/24/06</b>		City/Phone: <b>732-489-6292</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					