


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000055545**  
 1. Entity Name  
**FRITZ FAMILY W.M., L.L.C.**



Principal Place of Business 160 N.W. 7TH STREET BOCA RATON, FL 33432	Mailing Address 160 N.W. 7TH STREET BOCA RATON, FL 33432
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**DO NOT WRITE IN THIS SPACE**



04092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1522974	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  
 FRITZ, GEORGE J  
 160 NW 7TH STREET  
 BOCA RATON, FL 33432

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2007**

U00000724324  
 05/02/07-80106-019 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRITZ, GEORGE J 160 N.W. 7TH STREET BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRITZ, KEVIN G 3 WINDSOR CT FAIRFIELD, NJ 07004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRITZ, ROBERT G 3 GARNER ROAD BLOOMSBURY, NJ 08804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** *Robert G Fritz* **Robert G Fritz** 4-17-07 732 225 2900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #