

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055545

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: FRITZ FAMILY W.M., L.L.C.

**Current Principal Place of Business:**

160 N.W. 7TH STREET  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

160 N.W. 7TH STREET  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: 20-1522974

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRITZ, GEORGE J  
160 NW 7TH STREET  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FRITZ, GEORGE J  
Address: 160 N.W. 7TH STREET  
City-St-Zip: BOCA RATON, FL 33432

Title: MGR ( ) Delete  
Name: FRITZ, KEVIN G  
Address: 3 WINDSOR CT  
City-St-Zip: FAIRFIELD, NJ 07004

Title: MGR ( ) Delete  
Name: FRITZ, ROBERT G  
Address: 3 GARNER ROAD  
City-St-Zip: BLOOMSBURY, NJ 08804

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

03/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date