


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000061512	
1. Entity Name FRITZ FAMILY S.P., 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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04092007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-1528519	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 N.W. 7TH STREET  
 BOCA RATON, FL 33432

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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 \_\_\_\_\_ 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**

000000724296  
 05/02/07-80106-017 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRITE, GEORGE J 160 NW 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 RD 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      7322252900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #