


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000061512 1. Entity Name FRITZ FAMILY S.P., L.L.C.	
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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



01302008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1528519	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

FRITZ, GEORGE J
160 N.W. 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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$338.75

DATE
04/09/08-80122-008 138.75

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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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:  3/24/08 732 4896292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Robert G Fritz