2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028975

3130 NORTHSIDE DRIVE

KEY WEST, FL 33040

Address:

City-St-Zip:

Entity Name: EDWARD TOPPINO FAMILY VENTURES, LLC

FILED Apr 21, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 46 CYPRESS AVENUE KEY WEST, FL 33040 **Current Mailing Address: New Mailing Address:** P.O. BOX 787 KEY WEST, FL 33041 FEI Number: 14-1962979 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AARON A. FARMER P.L. AARON A. FARMER P.L 720 FIFTH AVENUE SOUTH 720 FIFTH AVENUE SOUTH STE 211 NAPLES, FL 34102 SUITE 200 NAPLES, FL 34102 US 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: AARON FARMER 04/21/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete TOPPINO, PAUL E Name: Name: Address: 2315 NORTH ROOSEVELT BLVD. Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: MGR Title: () Delete () Change () Addition Name: SOLDARE, MARY V Name: Address: 4 PEACOCK LANE Address: City-St-Zip: MENDHAM, NJ 07945 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MOORE, RANDY W Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: PAUL TOPPINO MGR 04/21/2008