

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000009350

FILED  
May 01, 2005  
Secretary of State

Entity Name: FAMILY TRIBUTE CENTER, L.L.C.

**Current Principal Place of Business:**

2895 DAVIE RD  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 292037  
DAVIE, FL 33329

**New Mailing Address:**

FEI Number: 65-0970773      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

FORMAN, M. AUSTIN  
888 S.E. THIRD AVENUE, SUITE 501  
FORT LAUDERDALE, FL 33316      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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: FORMAN, M. AUSTIN  
Address: 888 S.E. THIRD AVENUE, SUITE 501  
City-St-Zip: FORT LAUDERDALE, FL 33316

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

Title: MGRM ( ) Delete  
Name: ESPOSITO, CHRISTOPHER  
Address: 2895 DAVIE RD  
City-St-Zip: DAVIE, FL 33314

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

Title: MGR ( ) Delete  
Name: OLIVER, ALISON  
Address: 888 SE THIRD AVE STE 501  
City-St-Zip: FORT LAUDERDALE, FL 33316

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

Title: MGRM ( ) Delete  
Name: DEBELTRAND, ROBERT  
Address: 2895 DAVIE RD  
City-St-Zip: DAVIE, FL 33314

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

Title: MGR ( ) Delete  
Name: TRUMBACH, ANDREW  
Address: 888 SE THIRD AVE STE 501  
City-St-Zip: FORT LAUDERDALE, FL 33316

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANDREW TRUMBACH

MGR

05/01/2005

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