

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000009350

FILED  
Apr 29, 2006  
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 ( )

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

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

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

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

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

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

**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:

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 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: M. AUSTIN FORMAN

MGRM

04/29/2006

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