

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90139 021 \*\*\*\*50.00

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02012007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L00000006007</b> 1. Entity Name <b>PATRICIA LUE 2000 FAMILY COMPANY, LLC</b>					
Principal Place of Business <b>6535 SOUTHWEST 55 LANE</b> <b>MIAMI, FL 33155 US</b>			Mailing Address <b>6535 SOUTHWEST 55 LANE</b> <b>MIAMI, FL 33155 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-1035977</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For  <input type="checkbox"/> Not Applicable       </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LUE, PATRICIA M MBR</b> <b>6535 SW 55 LANE</b> <b>MIAMI, FL 33155</b>			7. Name and Address of New Registered Agent Name <b>George P Lue</b> Street Address (P.O. Box Number is Not Acceptable) <b>2176 Alaguna Drive</b> City <b>Longwood</b> <b>FL</b> Zip Code <b>32779</b>		
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: <u>George P Lue</u> <b>George P Lue</b> <b>02/02/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>LUE, JENNIFER</b> <b>6535 SW 55 LANE</b> <b>MIAMI, FL 33155</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>Lue, Jennifer</b> <b>223 P St NW</b> <b>Washington DC 20001</b> <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>LUE, PATRICIA M MGRM</b> <b>6535 SW 55 LANE</b> <b>MIAMI, FL 33155</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Lue, Patricia M. MGRM</b> <b>77 Shoreline Drive</b> <b>New Bern NC 28562</b> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition       </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition       </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition       </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition       </div>		
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.					
<b>SIGNATURE: Patricia M Lue MGRM PATRICIA M LUE</b> <b>2/06/07</b> <b>305-64-3831</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					