2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# L00000012565

Entity Name: FAMILY REAL ESTATE MANAGEMENT, L.L.C.

Current Principal Place of Business:

3300 PGA BLVD., STE 500
PALM BEACH, FL 33410

New Principal Place of Business:

Current Mailing Address:

3300 PGA BLVD., STE 500
PALM BEACH, FL 33410

New Mailing Address:

FEI Number: 65-1048577 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROBST, DANIEL J
3300 PGA BLVD., STE 500
PALM BEACH GARDENS, FL 33410 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:	COSTELLO, JAMES H	
Address:	3300 PGA BLVD., SUITE 500	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	MGR	( ) Delete
Name:	COSTELLO, JOYCE M	
Address:	3300 PGA BLVD., SUITE 500	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	MGR	( ) Delete
Name:	COSTELLO, KELLY W	
Address:	3300 PGA BLVD., SUITE 500	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	

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:	

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.

SIGNATURE: KELLY W. COSTELLO MGRM 04/01/2009

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