## Ž004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000003394 1. Entity Name FAMILY TIES, L.L.C.

Principal Place of Business

Mailing Address

2600 NORTH MILITARY TRAIL, SUITE 290 BOCA RATON, FL 33431

2600 NORTH MILITARY TRAIL, SUITE 290 BOCA RATON, FL 33431

## **FILED** Mar 04, 2004 08:00 AM Secretary of State



DO	NOT	WR	ITE	IN	<b>THIS</b>	SPA	CE
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02262004 No Chg-LLC	CR2E083 (10/03)			
4.' FEI Number	Applied For			

65-1080098 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

DAŤE

Daytime Phone #

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable,

SETH E. ELLIS, P.A. 2600 NORTH MILITARY TRAIL, SUITE 290 BOCA RATON, FL 33431

the obligations of registered agent.

SIGNATURE.

SIGNATURÉ:

## DO NOT WRITE IN THIS SPACE

Filing Fee is \$50.00 Due by May 1, 2004				
9.	MANAGING MEMBERS/MANAGERS	The same was the same of the s		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELLIS, SETH 2600 N MILITARY TRAIL, STE 290 BOCA RATON, FL 33431	U00000075997 03/04/04-80009-012 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUBINSKY, JASON C/O 2600 N MILITARY TRAIL, STE. 290 BOCA RATON, FL 33431			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby of indicated limited lia	pertify that the information supplied with this fiting does not qualify for the exe on this report is true and accurate and that my signature shall have the sam billing company or the receiver or trustee empowered to execute this report a	mption stated in Section 119.07(3)(i), FlorIda Statutes. I further certify that the information e legal effect as if made under oath, that I am a managing member or manager of the s required by Chapter 608, Fiorida Statutes.		

OR PRINTED NAME OF GIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3. 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

(NOTE, Registered Agent signature required when reinstating)