

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006062

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: FALLER FAMILY, LLC

**Current Principal Place of Business:**

3880 RUM ROW  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

5307 RANDOLPH ROAD  
ROCKVILLE, MD 20852

**New Mailing Address:**

FEI Number: 59-3714238

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

YOVANEVICH, RICHARD ESQ  
GOODLETTE COLEMAN JOHNSON, P.A.  
NO. TRUST BK BLDG.-4001 TAMiami TRL N  
NAPLES, FL 34103 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: FALLER, CHARLES S JR.  
Address: 3880 RUM ROW  
City-St-Zip: NAPLES, FL 34102

Title: MGR ( ) Delete  
Name: FALLER, III, CHARLES S  
Address: 5307 RANDOLPH ROAD  
City-St-Zip: ROCKVILLE, MD 20852

**ADDITIONS/CHANGES:**

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: CHARLES S. FALLER III

MGR

02/24/2009

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