2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000011690

1. Entity Name

MARK ROBERT FLOM FAMILY L.L.C.

Principal Place of Business	Mailing Address
4936 ST. CROIX DR. TAMPA FL 33629	4936 ST. CROIX DR. TAMPA FL 33629

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3733731 ☐ Applied For ☐ Not Applic.

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARDNER, MERRITT A 401 EAST JACKSON ST., STE. 2650 TAMPA FL 33602	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 acc the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FLOM, EDWARD L 4936 ST CROIX DRIVE TAMPA FL 33629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FLOM, BEVERLY B 4936 ST CROIX DRIVE TAMPA FL 33629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FLOM, MARK R 171 PINE LAKE DRIVE ATLANTA GA 30327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the inform 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Edward Leonard Flom 3/2/06 813-286-28
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #