


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 06, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L01000011690 |  |
| 1. Entity Name MARK ROBERT FLOM FAMILY L.L.C. | |

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|--|--|
| Principal Place of Business 4936 ST. CROIX DR. TAMPA FL 33629 | Mailing Address 4936 ST. CROIX DR. TAMPA FL 33629 |
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|--|--|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|--|--|

1st MOORE CR2E083 (10/06)

| | | | |
|-------------------------|-------------------------|------------------------------------|---|
| City & State | City & State | 4. FEI Number 59-3733731 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|--|---------------------------------------|

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| 6. Name and Address of Current Registered Agent GARDNER, MERRITT A 401 EAST JACKSON ST., STE. 2650 TAMPA FL 33602 |
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|--|-------------|
| 7. Name and Address of New Registered Agent | |
| 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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when remaining) _____ **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

| 9. MANAGING MEMBERS/MANAGERS | |
|---|--|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | P <input type="checkbox"/> Delete FLOM, EDWARD L 4936 ST CROIX DRIVE TAMPA FL 33629 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | P <input type="checkbox"/> Delete FLOM, BEVERLY B 4936 ST CROIX DRIVE TAMPA FL 33629 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | P <input type="checkbox"/> Delete FLOM, MARK R 171 PINE LAKE DRIVE ATLANTA GA 30327 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|---|---|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000765961 06/06/07-00002-004-50-00 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 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.

SIGNATURE: *Edward L. Flom* **EDWARD L. FLOM** 5/1/07 813-286-2861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #