

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013820

Entity Name: RIEGEL FAMILY, LLC

FILED  
Jun 13, 2007  
Secretary of State

**Current Principal Place of Business:**

231 HIDDEN BAY DRIVE, UNIT 201  
OSPREY, FL 34229

**New Principal Place of Business:**

**Current Mailing Address:**

231 HIDDEN BAY DRIVE, UNIT 201  
OSPREY, FL 34229

**New Mailing Address:**

FEI Number: 31-1753563      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

RIEGEL, FARALD L  
231 HIDDEN BAY DR #201  
OSPREY, FL 34229      US

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: MGR      ( ) Delete  
Name: RIEGEL, FARALD  
Address: 231 HIDDEN BAY DR #201  
City-St-Zip: OSPREY, FL 34229

Title: MGR      ( ) Delete  
Name: RIEGEL, MARY  
Address: 231 HIDDEN BAY DR #201  
City-St-Zip: OSPREY, FL 34229

**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: FARALD RIEGEL

MEMB

06/13/2007

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