2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000010296

FAMILY REST MANAGEMENT, LLC



FILED Mar 13, 2006 8:00 am Secretary of State

03-13-2006 90348 037 ****55.00

Principal Place of Business

182 WEST 9TH STREET HIALEAH, FL 33010

Mailing Address

182 WEST 9TH STREET HIALEAH, FL 33010



01042006 No Chg-LLC

CR2E083 (11/05)

DATE

4. FEI Number 54-2104565

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

DELGADO, GABRIEL A 182 WEST 9TH STREET HIALEAH, FL 33010

DO NOT WRITE IN THIS SPACE

	The above named entity submits this stateme the obligations of registered agent.	ent for the purpose of chan	ging its registered	l office or registered a	gent, or both, in the S	tate of Florida.	I am familiar with, and	l accept
2112	GNIATURE							

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

9	MANAGING MEMBERS/MANAGERS				
TITLE	MGR				
NAME	DELGADO, GABRIEL A				
STREET ADDRESS	182 WEST 9TH STREET				
CITY-ST-ZIP	HIALEAH, FL 33010				
TITLE	MGR				
NAME	SALAZAR, NELSON				
STREET ADDRESS	182 WEST 9TH STREET				
CITY-ST-ZIP	HIALEAH, FL 33010				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filling does not qualify for the					

DO NOT WRITE IN THIS SPACE

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 expressed to execute this report as required by Chapter 608, Florida Statutes. limited liability company or

SIGNATURE

NG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE