2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 26, 2007 08:00 AM **Secretary of State**

DOCUMENT # L03000024071

CAPPIELLO FAMILY, LLC



Principal Place of Business

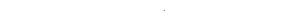
Mailing Address

8188 JOG RD

8188 JOG RD SUITE 102

SUITE 102 BOYNTON BEACH, FL 33437

BOYNTON BEACH, FL 33437



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02262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 41-2102760

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPPIELLO, RICHARD A

20 SOUTH SEACREST DUVD., SUITE 103.

BOYNTON BEACH: Pt. 88435

8188 JOG RD SUITE 102 BOYNTON BEACH, FL 33437

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		,	
	e named entity submits this statement for the purpose of cha tions of registered agent.	anging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS			
TITLE	P		,
NAME	CAPPIELLO, RICHARD A		
STREET ADDRESS	8188 JOG RD SUITE 102		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		U00000690209

04/03/07-80069-012 55.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CHY-ST-ZIP HILE NAME STREET ADDRESS

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11. 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 empowered to the true this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE