

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

2/ **Mar 15, 2007 8:00 am**
Secretary of State

02-15-2007 90277 005 ****50.00

DOCUMENT # L03000030491

1. Entity Name
FAMILY FINANCIAL NETWORK, L.L.C.



Principal Place of Business
**2201 BRICKELL AVE, SUITE 83
MIAMI, FL 33129**

Mailing Address
**6 WEST PUTNAM AVENUE
#305
GREENWICH, CT 06830**



01232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0191781

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MAULINI, ROSA
17614 SW 146TH COURT
MIAMI, FL 33177**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	OPENSHAW, JENNIFER
STREET ADDRESS	116 HAVEMEYER STREET
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPE OR PRINTED NAME OF SENDING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/10/07


Date

310 980 9252

Daytime Phone #

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

ATTACHMENT
30002483

DOCUMENT # L03000030491 1. Entity Name FAMILY FINANCIAL NETWORK, L.L.C.	
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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 reinstating) DATE: _____

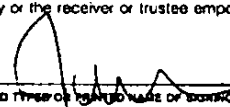
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OPENSHAW, JENNIFER 116 HAVEMEYER STREET GREENWICH, CT 06830
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SIGNATURE:  1-31-07 203 983 5375

SIGNATURE AND TYPE OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #