


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 03, 2004 8:00 am
Secretary of State

09-03-2004 90037 022 ****50.00

DOCUMENT # L03000041193

1. Entity Name
FAMILIA, LLC




Principal Place of Business
1650 NE 26 STREET
WILTON MANORS, FL 33305 US

Mailing Address
1650 NE 26 STREET
WILTON MANORS, FL 33305 US

2. Principal Place of Business
 Suite, Apt. #, etc.
SUITE 105
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
SUITE 105
 City & State

Zip Country Zip Country



07012004 Chg-LLC CR2E083 (10/03)

4. FEI Number
06-1712630

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

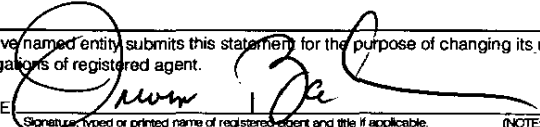
Name
MR. IRWIN BERLINER

Street Address (P.O. Box Number is Not Acceptable)
1650 NE 26th STREET

SUITE 105

City
WILTON MANORS, FL Zip Code
33305

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  DATE **8-24-04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$50.00 Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	BERLINER, IRWIN	2300 N. ATLANTIC AVENUE	FORT LAUDERDALE, FL 33305	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE **8-23-04** DAYTIME PHONE # **954-561-4299**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #