


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000041193

1. Entity Name
FAMILIA, LLC



Principal Place of Business 1650 NE 26 STREET SUITE 105 WILTON MANORS, FL 33305 US	Mailing Address 1650 NE 26 STREET SUITE 105 WILTON MANORS, FL 33305 US
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05132005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 06-1712630	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BERLINER, MR. IRWIN
 1650 NE 26TH STREET
 SUITE 105
 WILTON MANORS, FL 33305**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by September 7, 2005**

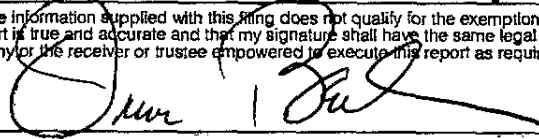
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERLINER, IRWIN 2300 N. ATLANTIC AVENUE FORT LAUDERDALE, FL 33305
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 05/20/05-80003-002 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **5-15-05** **954-561-4299**

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