


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000041193 <small>1. Entity Name</small> FAMILIA, LLC	
--	--

<small>Principal Place of Business</small> 1650 NE 26 STREET SUITE 105 WILTON MANORS FL 33305 US	<small>Mailing Address</small> 1650 NE 26 STREET SUITE 105 WILTON MANORS FL 33305 US
--	--



<small>2. Principal Place of Business</small>	<small>3. Mailing Address</small>
---	-----------------------------------

<small>Suite, Apt. #, etc.</small>	<small>Suite, Apt. #, etc.</small>
------------------------------------	------------------------------------

1st MOORE CR2E083 (10/05)

<small>City & State</small>	<small>City & State</small>
---------------------------------	---------------------------------

<small>4. FEI Number</small> 06-1712630	<small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>
---	--

<small>Zip</small>	<small>Country</small>	<small>Zip</small>	<small>Country</small>
--------------------	------------------------	--------------------	------------------------

<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	\$5.00 <small>Additional Fee Required</small>
--	--

6. Name and Address of Current Registered Agent
BERLINER, MR. IRWIN 1650 NE 26TH STREET SUITE 105 WILTON MANORS FL 33305

7. Name and Address of New Registered Agent
<small>Name</small>
<small>Street Address (P.O. Box Number is Not Acceptable)</small>
<small>City</small>
FL <small>Zip Code</small>

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 reconstituting) DATE

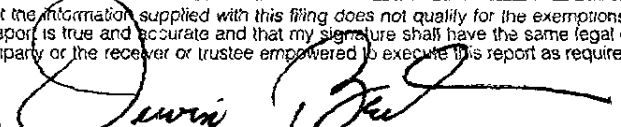
FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

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

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Add
<small>TITLE</small>		<input type="checkbox"/>	<input type="checkbox"/>
<small>NAME</small>			
<small>STREET ADDRESS</small>			
<small>CITY - ST - ZIP</small>			
<small>TITLE</small>		<input type="checkbox"/>	<input type="checkbox"/>
<small>NAME</small>			
<small>STREET ADDRESS</small>			
<small>CITY - ST - ZIP</small>			
<small>TITLE</small>		<input type="checkbox"/>	<input type="checkbox"/>
<small>NAME</small>			
<small>STREET ADDRESS</small>			
<small>CITY - ST - ZIP</small>			
<small>TITLE</small>		<input type="checkbox"/>	<input type="checkbox"/>
<small>NAME</small>			
<small>STREET ADDRESS</small>			
<small>CITY - ST - ZIP</small>			

113/10/06-20054-002 50.00

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

SIGNATURE:  2-27-06 954-561-4299