

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000042394

1. Entity Name
FAM TRIO LLC



Principal Place of Business
**12802 HUNT CLUB ROAD NORTH
JACKSONVILLE, FL 32224**

Mailing Address
**12802 HUNT CLUB ROAD NORTH
JACKSONVILLE, FL 32224**



03062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2132936

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCQUIAG, DAVID H ATTY
4745 SUTTON PARK COURT, SUITE 103
JACKSONVILLE, FL 32224**

**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 renewing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MATTIACE, KRISTEN
12802 HUNT CLUB ROAD NORTH
JACKSONVILLE, FL 32224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FELICI, KIRK A
1062 SEQUOIA AVE.
WESTON, FL 33327**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000469839
03/27/06-80012-018 50.00

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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: *Kirk Felici*

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

3-14-06 786-522-7000
Date Daytime Phone #