## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 28, 2007 8:00 am Secretary of State

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DOCUMENT # L03000048757  1. Entity Name POSER FAMILY, LLC							02-28-20	07 90149	026 ***	**50.00
Principal Place of Business Mailing Address					-		1	022		
5406 NW 88TH STREET			5406 NW 88TH STREET				60019	030		
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2. Principal Place of Business - No P.O. Box #		Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01152007	Chg-LLC	CR2E08	3 (12/06)	
City & State			City & State			4. FEI Numb 20-050				oplied For ot Applicable
Zip	Zip Country		Zip Count		try	5. Certificate	Certificate of Status Desired			
	6. Name and Address	of Current R	egistered Agent			7. Name an	Address of New I	Registered Ag	jent	
WW.151575777					Name TOT	IN C DOCE	D MD		-	
<del>čľambercany, steven m</del>					JOHN S. POSER, MD					
RIANIE FI					Street Addre	ess (P.Q. Box Numb	er is Not Acceptabl	e)		
REMINISTRA	blæx fik x <del>3260.1</del> k		•	ł						
					5406 N	W 88th ST	REET			
					City GAINESVILLE FL Zip Code32653					
8. The above	named entity submits this.s	tetement for t	the purpose of changing its	renistere	od office or regi	istered exect or be	th in the State of El		ł .	
the obligat	ions of registered agent.			ogistore	a onica di regi	istered agent, or be	An, in the State of Fi		minar with,	ало ассері
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SIGNATURE .	Signature, typed or printed name of re	<del></del>		_						
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1. I nereby 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 TYPED ON PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #