

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000044367

1. Entity Name

GRAUBERT FAMILY MANAGEMENT, LLC



Principal Place of Business

**2650 OAKMONT
WESTON, FL 33332 US**

Mailing Address

**2650 OAKMONT
WESTON, FL 33332 US**



02212007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

26-0106303

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRAUBERT, SUSAN A
2650 OAKMONT
WESTON, FL 33332**

**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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

**TITLE MGRM
NAME GRAUBERT, ALAN S M.D.
STREET ADDRESS 2650 OAKMONT
CITY-ST-ZIP WESTON, FL 33332**

**TITLE MGRM
NAME GRAUBERT, SUSAN
STREET ADDRESS 2650 OAKMONT
CITY-ST-ZIP WESTON, FL 33332**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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CITY-ST-ZIP**

**000000729110
05/08/07-60026-005 50.00**

**DO NOT WRITE
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: