2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047469

3260 S.W. 89TH AVENUE

City-St-Zip: MIAMI, FL 33165

Address:

Entity Name: WONG BROTHERS FAMILY GROUP, L.L.C.

FILED Jan 10, 2006 Secretary of State

Current Principal Place of Business:			New I	New Principal Place of Business:		
1401 SW 1 MIAMI, FL	126 PLACE 33184			SW 103 CT , FL 33176		
Current Mailing Address:			New I	New Mailing Address:		
1401 SW 1 MIAMI, FL	126 PLACE 33184			SW 103 CT , FL 33176		
FEI Number	: 73-1716633 F	El Number Applied For()	FEI Number No	t Applicable () Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CRUZ, NA 1401 S.W. MIAMI, FL	126 PLACE		12742	I, NANCY SW 103 CT I, FL 33176	US	
	e named entity sub e of Florida.	mits this statement for the	ourpose of chang	jing its regis	tered office or registered agent, or both	
SIGNATURE:				01/10/2006		
	Electronic S	Signature of Registered Ag	ent		Date	
MANAGING MEMBERS/MANAGERS:			ADDIT	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	MGRM () Del WONG, JULIA M 12646 S.W. 9TH PL DAVIE, FL 33325 MGR () Del CRUZ, NANCY 1401 NW 126 PLAC MIAMI, FL 33184	ACE	Title: Name: Addres City-St Title: Name: Addres City-St	Zip: MGR CRUZ, s: 12742	() Change () Addition (X) Change () Addition NANCY SW 103 CT FL 33176	
Title: Name: Address: City-St-Zip: Title:	MGRM () Del WONG, JOHANNA 611 ARCADIA TERI SUNNYVALE, CA 9 MGRM () Del	R., #104 4085	Title: Name: Addres City-St Title:		() Change () Addition () Change () Addition	
Name:	MONO BAFAFI		Name:		() Sharigo () / Martion	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: RAFAEL WONG MGRM 01/10/2006