


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L04000061512 1. Entity Name FRITZ FAMILY S.P., L.L.C.	
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Principal Place of Business 160 N.W. 7TH STREET BOCA RATON, FL 33432	Mailing Address 160 N.W. 7TH STREET BOCA RATON, FL 33432
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DO NOT WRITE IN THIS SPACE



04092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1528519	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FRITZ, GEORGE J 160 N.W. 7TH STREET BOCA RATON, FL 33432
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

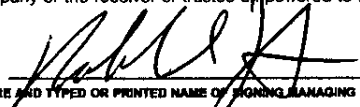
**Filing Fee is \$50.00
Due by May 1, 2007**

000000724296
05/02/07-80106-017 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRITE, GEORGE J 160 NW 7TH STREET BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRITZ, KEVIN G 3 WINDSOR CT FAIRFIELD, NJ 07004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRITZ, ROBERT G 3 GARNER RD BLOOMSBURY, NJ 08804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  **Robert G Fritz** **4-17-07** **7322252900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #