


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # L04000072385

1. Entity Name
BIRK FAMILY, LLC



Principal Place of Business
**3909 LITHIA RIDGE BLVD.
 VALRICO, FL 33594**

Mailing Address
**3909 LITHIA RIDGE BLVD.
 VALRICO, FL 33594**

DO NOT WRITE IN THIS SPACE



03112007 No Chg-LLC CR2E083 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**BIRK, RONALD F
 5909 LITHIA RIDGE BLVD
 VALRICO, FL 33594**

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 reappointing)
Signature, typed or printed name of registered agent and title if applicable. DATE

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

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------|--|
| TITLE P | BIRK, RONALD F 3909 LITHIA RIDGE BLVD VALRICO, FL 33594 |
| TITLE P | BIRK, DENISE E 3909 LITHIA RIDGE ROAD VALRICO, FL 33594 |
| TITLE | |
| TITLE | |
| TITLE | |
| TITLE | |

DO NOT WRITE IN THIS SPACE

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 05/01/07-80005-022 50.00

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 606, Florida Statutes.

SIGNATURE:  **RONALD F. BIRK** **4/16/2007** **813-654-7151**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #