

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072829

FILED
Feb 28, 2007
Secretary of State

Entity Name: ALBAR FAMILY ENTERPRISES, LLC

Current Principal Place of Business:

7480 S.W. 15TH STREET
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

7480 S.W. 15TH STREET
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 20-1888893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGER, BERNARD A ESQ
3107 STIRLING ROAD
SUITE 105
FT. LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILLER, MICHELLE A
Address: 212 MARY ANN DRIVE
City-St-Zip: MEMPHIS, TN 38117

Title: MGRM () Delete
Name: MILLER, SETH A
Address: 7480 S.W. 15TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: MGRM () Delete
Name: MILLER, IAN M
Address: 1707 PLAYERMILLS ROAD
City-St-Zip: FRANKLIN, TN 37067

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BATTLES, MICHELLE A
Address: 212 MARY ANN DRIVE
City-St-Zip: MEMPHIS, TN 38117

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MICHELE BATTLES

MGRM

02/28/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date