2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# L04000072829

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: BATTLES, 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: 4585 SEQUOIA RD
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 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 A MILLER BATTLES MGR 01/10/2009

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