

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082695

Entity Name: FAMILY OFFICE LLC

FILED
May 24, 2005
Secretary of State

Current Principal Place of Business:

791 CRANDON BLVD APT 606
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

791 CRANDON BLVD APT 606
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 20-2288200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PAKOIARZ, IGNACIO
791 CRANDON BLVD APT 606
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

PAKCIARZ, IGNACIO
791 CRANDON BLVD APT 606
KEY BISCAYNE, FL 33149 US

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: IGNACIO PAKCIARZ

05/24/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PAKCIARZ, IGNACIO
Address: 791 CRANDON BLVD APT 606
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM () Delete
Name: HERNANDEZ, SUSANA G
Address: 791 CRANDON BLVD APT 606
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

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 Section 119.07(3)(i), 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: IGNACIO PAKCIARZ

MGRM

05/24/2005

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