## 2066 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Apr. 26, 2006 08:00 Al

DOCUMENT # L0400085895  1. Entity Name FAIG FAMILY COMPANY, LLC			Secretary of State	
Principal Place of Business  4860 HUNTERS WAY BOCA RATON, FL 33434 US  Mailing Address  4860 HUNTERS WAY BOCA RATON, FL 33434 US			s	 
DO NOT WRITE IN THIS SPACE			CE	04142006 No Chg-LLC
	6. Name and Address of Current Registered Agent			
FAIG, ROSEANNE 4860 HUNTERS WAY BOCA RATON, FL 33434			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.				
Signature, typed or printed name of registered agent and title if approable. (NOTE, Registered Agent signature required when remetating) DATE				
Filing Fee is \$50.00 Due by May 1, 2006				
9,	MANAGING MEMBERS/MANAGERS		<u></u>	· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAIG, ROSEANNE 4860 HUNTERS WAY BOCA RATON, FL 33434	;	, ,	
TITLE NAME STREET ABDRESS CITY-ST-ZIP				05/05/06-80150-022 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. :		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		
NAME STREET ADDRESS CITY-ST-ZIP				

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: \( \sigma \)

URE: LOSCOURCE FALL
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE