

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L05000022815

1. Entity Name  
PICKUP FAMILY, LLC



FILED  
Jan 09, 2007 08:00 A  
Secretary of State

Principal Place of Business  
1300 SW 21ST LANE  
BOCA RATON, FL 33486 US

Mailing Address  
1300 SW 21ST LANE  
BOCA RATON, FL 33486 US



01042007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2472222

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOWER, TANYA L ESQ.  
C/O TRIPP SCOTT, P.A.  
110 SE 6TH STREET, 15TH FL  
FORT LAUDERDALE, FL 33301

**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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PICKUP, ELIZABETH K  
1300 SW 21ST LANE  
BOCA RATON, FL 33486

U00000580468  
01/10/07-80048-016 55.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: Elizabeth K Pickup ELIZABETH K PICKUP 1-3-07 561-2954646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #