
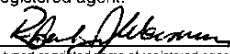
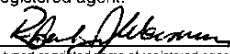
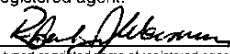


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90006 001 ****50.00

DOCUMENT # L05000031667											
1. Entity Name WEISSMAN FAMILY LLC											
Principal Place of Business 504 WINTERS CREEK ROAD PALM CITY, FL 34900-8096			Mailing Address 504 WINTERS CREEK ROAD PALM CITY, FL 34900-8096								
2. Principal Place of Business - No P.O. Box # 1212 WINTERS CREEK RD.		3. Mailing Address 1212 WINTERS CREEK RD.									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State PALM CITY, FL		City & State PALM CITY, FL		4. FEI Number 20-2602508							
Zip 34990		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required							
6. Name and Address of Current Registered Agent WEISMANN, ROBERT J 504 WINTERS CREEK ROAD PALM CITY, FL 34900-8096		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"> Name ROBERT J. WEISSMAN </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> Street Address (P.O. Box Number is Not Acceptable) 1212 WINTERS CREEK RD. </td> </tr> <tr> <td style="padding: 2px;"> City PALM CITY </td> <td style="padding: 2px;"> Zip Code FL 34990 </td> </tr> </table>				Name ROBERT J. WEISSMAN		Street Address (P.O. Box Number is Not Acceptable) 1212 WINTERS CREEK RD.		City PALM CITY	Zip Code FL 34990
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City PALM CITY	Zip Code FL 34990										
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. <table style="width:100%;"> <tr> <td style="width:40%;"> SIGNATURE  </td> <td style="width:20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </td> <td style="width:40%; text-align: right;"> DATE 1-9-07 </td> </tr> </table>						SIGNATURE 	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE 1-9-07			
SIGNATURE 	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE 1-9-07									
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State									
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEISSMAN DAVIS, LAURA 38 NORTH MAIN STREET SHARON, MA 02067	<input type="checkbox"/> Delete									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEISSMAN TITLEBAUM, MICHELLE 2A STONY POINT ROAD WESTPORT, CT 06880	<input type="checkbox"/> Delete									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete										
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete										
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: _____								
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small> _____ <small>Daytime Phone #</small> _____								