2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000044133

1. Entity Name
POSESS FAMILY ENTERPRISES, LLC

Principal Place of Business

PALM BEACH GARDENS, FL 33410

Mailing Address

2901 PGA BOULEVARD

7015 BERACASA WAY

SUITE 100

201

BOCA RATON, FL 33433 U

FILED Apr 30, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

04252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2901588

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POSESS, CHARLES F 7015 BERACASA WAY 201

BOCA RATON, FL 33433

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
SIGNATL			
the ob	oligations of registered agent.		
8. The at	bove named entity submits this statement for the purpose of cha	anging its registered office or registered agent, or both, i	in the State of Florida. I am familiar with, and accept

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

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	POSESS, TRACEY	
STREET ADDRESS	7015 BERACASA WAY, SUITE 201	
CITY+ST-ZIP	BOCA RATON, FL 33433	
TITLE	MGR	
NAME	POSESS, CHARLES F	
STREET ADDRESS	7015 BERACASA WAY STE 201	
City-St-Zip	BOCA RATON, FL 33433	
TITLE		
NAME		
STREET ADDRESS		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11 I hereby certify that the information supplied with this filling does not qualify for the ex-		

U00000743742 05/15/07-80120-022 50.00

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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 companyor the receiver or truster execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

4/25/07

Daytime Phone #