

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90040 019 \*\*\*\*50.00

<b>DOCUMENT # L05000087645</b>					
<b>1. Entity Name</b> HOWARD FAMILY INVESTMENTS MANAGEMENT, LLC					
<b>Principal Place of Business</b> 20781 SALIDA TERRACE BOCA RATON, FL 33433-1641 US			<b>Mailing Address</b> 20781 SALIDA TERRACE BOCA RATON, FL 33433 1641 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03282006    Chg-LLC    CR2E083 (11/05)	
<b>4. FEI Number</b> 80-3416036				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  SANTINO, DANA M ESQ. 1675 PALM BEACH LAKES BLVD. 700 WEST PALM BEACH, FL 33401			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registering agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Linda B. Howard <i>President</i> 20781 Salida Terrace Boca Raton FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 606, Florida Statutes.</b>					
<b>SIGNATURE:</b> <i>Linda B. Howard</i>			<b>May 9, 2006</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

**Mary J. Coscia-Waggoner, E.A.**

Business and Individual  
Tax and Accounting Services

**ATTACHMENT** 30008264  
L05000087645

April 19, 2006

Division of Corporations  
P. O. Box 6478  
Tallahassee,  
FL 32314

Re: L05000087645 and A05000001728

To Whom It May Concern:

Ms Howard ask me to file the Annual Reports for the above Documents.  
She gave me the enclosed checks to cover the annual fee according to the documents  
printed. She forgot to sign the documents prior to leaving town.

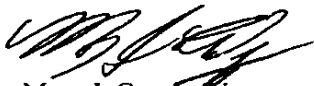
As of this date Ms Howard has not received the documents from Mr. Earl Mayer, Jr  
counsel to Kennedy & Associates P.I., therefore we do not know the information to fill  
in for the Managing member.

Also, Ms Howard has received two Fed EIN's from the Internal Revenue Service:  
Howard Family Investments: 20-3416036  
Linda B Howard Family Investments: 20-3458679

Ms Howard was concerned that if she waited until she returns home that the payments  
would be received by the State after May 1, and wanted to pay the amount due if paid by  
May 1.  
Please accept these returns and the checks in payment for the reports.

Thank you for your cooperation on this matter.

Regards,



Mary J. Coscia-Waggoner EA  
Enrolled to Practice before the Internal Revenue Service