


2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90193 012 \*\*\*\*50.00

<b>DOCUMENT # L05000087645</b> 1. Entity Name HOWARD FAMILY INVESTMENTS MANAGEMENT, LLC	
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Principal Place of Business 20781 SALIDA TERRACE BOCA RATON, FL 33433-1641 US	Mailing Address 20781 SALIDA TERRACE BOCA RATON, FL 33433-1641 US
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**DO NOT WRITE IN THIS SPACE**

04212007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3416036	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

SANTINO, DANA M ESQ.  
1675 PALM BEACH LAKES BLVD.  
700  
WEST PALM BEACH, FL 33401

**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 \_\_\_\_\_ (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	P HOWARD, LINDA B 20781 SALIDA TERRACE BOCA RATON, FL 33433
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Linda B. Howard 20781 Salida Terrace Boca Raton, FL 33433

**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: Linda B. Howard, MD Linda B. Howard 4/25/07 5614839680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #