## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

### DOCUMENT # L05000087645

HOWARD FAMILY INVESTMENTS MANAGEMENT, LLC -



**FILED** Apr 14, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

20781 SALIDA TERRACE BOCA RATON, FL 33433-1641 US 20781 SALIDA TERRACE BOCA RATON, FL 33433-1641 US

## DO NOT WRITE IN THIS SPACE

04022008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3416036 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8.	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 fam	illiar 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

#### FILE NOW!!! FEE IS \$138,75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWARD, LINDA B 20781 SALIDA TERRACE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP	

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# 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

Daytime Phone #