

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099306

FILED  
Jul 12, 2007  
Secretary of State

Entity Name: SANCHEZ FAMILY COMPANY, LLC

## Current Principal Place of Business:

5868 NORTH PLUM BAY PARKWAY  
TAMARAC, FL 33321 US

## New Principal Place of Business:

10330 NW 60TH PLACE  
PARKLAND, FL 33076 US

## Current Mailing Address:

5868 NORTH PLUM BAY PARKWAY  
TAMARAC, FL 33321 US

## New Mailing Address:

10330 NW 60TH PLACE  
PARKLAND, FL 33076 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

SANCHEZ, JUAN CARLOS M.D.  
5868 NORTH PLUM BAY PARKWAY  
TAMARAC, FL 33321 US

## Name and Address of New Registered Agent:

SANCHEZ, JUAN CARLOS M.D.  
10330 NW 60TH PLACE  
PARKLAND, FL 33076 US

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.

SIGNATURE:

07/12/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SANCHEZ, JUAN CARLOS M.D.  
Address: 5868 NORTH PLUM BAY PARKWAY  
City-St-Zip: TAMARAC, FL 33321 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SANCHEZ, JUAN CARLOS M.D.  
Address: 10330 NW 60TH PLACE  
City-St-Zip: PARKLAND, FL 33076 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JUAN SANCHEZ

MR

07/12/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date