

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


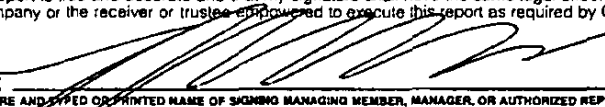
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**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90004 010 \*\*\*\*50.00



1st MOORE CR2E083 (10/05)

<b>DOCUMENT # L05000101805</b>					
1. Entity Name <b>FAMILY PROPERTY HOLDINGS LLC</b>					
Principal Place of Business <b>725 NORTH A1A ROAD SUITE C-109 JUPITER FL 33477</b>			Mailing Address <b>725 NORTH A1A ROAD SUITE C-109 JUPITER FL 33477</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>11-3761046</b>	
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent <b>SHAW, MATTHEW T 725 NORTH A1A ROAD SUITE C-109 JUPITER FL 33477</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 registering)					
DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, MATTHEW T		NAME		
STREET ADDRESS	307 XANEDU PLACE		STREET ADDRESS		
CITY - ST - ZIP	JUPITER FL 33477		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, MATTHEW D		NAME		
STREET ADDRESS	141 E. 25TH STREET		STREET ADDRESS		
CITY - ST - ZIP	RIVIERA BEACH FL 33404		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, KAREY L		NAME		
STREET ADDRESS	141 E. 25TH STREET		STREET ADDRESS		
CITY - ST - ZIP	RIVIERA BEACH FL 33404		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, KATE M		NAME		
STREET ADDRESS	307 XANEDU PLACE		STREET ADDRESS		
CITY - ST - ZIP	JUPITER FL 33477		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			2/20/06 5617486160		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		



ATTACHMENT

30003220

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 6, 2006

FAMILY PROPERTY HOLDINGS LLC  
725 NORTH A1A ROAD  
SUITE C-109  
JUPITER, FL 33477

Subject: **FAMILY PROPERTY HOLDINGS LLC**

Reference Number: **L05000101805**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ

ANNUAL REPORTS SECTION