

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120239

Entity Name: FAMMAD, LLC

FILED  
Feb 21, 2009  
Secretary of State

## Current Principal Place of Business:

% CDL  
505 SOUTH FLAGLER DRIVE, SUITE 910  
WEST PALM BEACH, FL 33401

## Current Mailing Address:

% CDL  
505 SOUTH FLAGLER DRIVE, SUITE 910  
WEST PALM BEACH, FL 33401

## New Principal Place of Business:

C/O CDL FAMILY SERVICES  
505 SOUTH FLAGLER DRIVE, SUITE 900  
WEST PALM BEACH, FL 33401

## New Mailing Address:

C/O CDL FAMILY SERVICES  
505 SOUTH FLAGLER DRIVE, SUITE 900  
WEST PALM BEACH, FL 33401

FEI Number: 20-3943322

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC  
505 SOUTH FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

WHITE, WILTON L ESQ  
625 NORTH FLAGLER DR  
9TH FLOOR  
WEST PALM BEACH, FL 33401 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: WILTON WHITE

02/21/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: FLOYD, MARIA K  
Address: C/O CDL 505 S FLAGLER ST STE 900  
City-St-Zip: WEST PALM BEACH, FL 33401

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARIA K FLOYD

MGR

02/21/2009

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