

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016068

Entity Name: FAMILY PRIDE, L.L.C.

FILED
Apr 04, 2007
Secretary of State

Current Principal Place of Business:

550 S. OCEAN BLVD., #1907
BOCA RATON, FL 33432

New Principal Place of Business:

550 S. OCEAN BLVD.,
1907
BOCA RATON, FL 33432

Current Mailing Address:

550 S. OCEAN BLVD., #1907
BOCA RATON, FL 33432

New Mailing Address:

P O BOX 1875
BOCA RATON, FL 33429

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEINBERG, JEFFREY
4000 HOLLYWOOD BOULEVARD, SUITE 350-N
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

TRAFICANTE, SALVATORE G
550 S OCEAN BLVD
1907
BOCA RATON, FL 33432 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: S.G. TRAFICANTE

04/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TRAFICANTE, ROMINA
Address: P.O. BOX 1875
City-St-Zip: BOCA RATON, FL 33429

Title: MGRM () Delete
Name: TRAFICANTE, SALVATORE
Address: P.O. BOX 1875
City-St-Zip: BOCA RATON, FL 33429

Title: MGRM () Delete
Name: TRAFICANTE, LILIANA
Address: P.O. BOX 1875
City-St-Zip: BOCA RATON, FL 33429

Title: MGRM () Delete
Name: TRAFICANTE, MARCOS
Address: P.O. BOX 1875
City-St-Zip: BOCA RATON, FL 33429

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TRAFICANTE, SALVATORE G
Address: P.O. BOX 1875
City-St-Zip: BOCA RATON, FL 33429

Title: MGRM (X) Change () Addition
Name: TRAFICANTE, MARCOS
Address: P.O. BOX 1875
City-St-Zip: BOCA RATON, FL 33429

Title: MGRM (X) Change () Addition
Name: BIANCHI, LILIANA
Address: P.O. BOX 1875
City-St-Zip: BOCA RATON, FL 33429

Title: MGRM (X) Change () Addition
Name: TRAFICANTE, ROMINA
Address: P.O. BOX 1875
City-St-Zip: BOCA RATON, FL 33429

I hereby certify that the information supplied with this filing does not qualify for the 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: S.G. TRAFICANTE

MGRM

04/04/2007

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