

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028975

FILED
Apr 21, 2008
Secretary of State

Entity Name: EDWARD TOPPINO FAMILY VENTURES, LLC

Current Principal Place of Business:

46 CYPRESS AVENUE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 787
KEY WEST, FL 33041

New Mailing Address:

FEI Number: 14-1962979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AARON A. FARMER P.L.
720 FIFTH AVENUE SOUTH STE 211
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

AARON A. FARMER P.L.
720 FIFTH AVENUE SOUTH
SUITE 200
NAPLES, FL 34102 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: AARON FARMER

04/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TOPPINO, PAUL E
Address: 2315 NORTH ROOSEVELT BLVD.
City-St-Zip: KEY WEST, FL 33040

Title: MGR () Delete
Name: SOLDARE, MARY V
Address: 4 PEACOCK LANE
City-St-Zip: MENDHAM, NJ 07945

Title: MGR () Delete
Name: MOORE, RANDY W
Address: 3130 NORTHSIDE DRIVE
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

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

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

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: PAUL TOPPINO

MGR

04/21/2008

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