

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061150

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: FOGEL FAMILY LLC

**Current Principal Place of Business:**

3103 KEYSTONE DRIVE  
BIRMINGHAM, AL 35242 US

**New Principal Place of Business:**

**Current Mailing Address:**

3103 KEYSTONE DRIVE  
BIRMINGHAM, AL 35242 US

**New Mailing Address:**

FEI Number: 51-0586459

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WYROUGH, WILLIAM E JR.  
30 SOUTH SHORE DRIVE  
MIRAMAR BEACH, FL 32550 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FOGEL, BRUCE  
Address: 3103 KEYSTONE DRIVE  
City-St-Zip: BIRMINGHAM, AL 35242 US

Title: MGRM ( ) Delete  
Name: FOGEL, GLENN  
Address: 3012 BROOK HIGHLAND DRIVE  
City-St-Zip: BIRMINGHAM, AL 35242 US

Title: MGRM ( ) Delete  
Name: FOGEL, RONALD  
Address: 221 PARADISE POINT LANE  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

**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: BRUCE FOGEL

MGRM

04/27/2007

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