

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100687

FILED  
Aug 22, 2008  
Secretary of State

Entity Name: FAMILU, LLC

**Current Principal Place of Business:**

901 BRICKELL KEY BLVD., #1205  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

901 BRICKELL KEY BLVD., #1205  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 38-3766230      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RUANO, ANA PAULA  
Address: 901 BRICKELL KEY BLVD., #1205  
City-St-Zip: MIAMI, FL 33131

Title: MGRM ( ) Delete  
Name: NAVA, LORENA  
Address: 3330 N.E. 190 ST., APT. 1519  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Delete  
Name: FINKELSTEIN, DENISSE  
Address: 1850 S. OCEAN DRIVE, APT. 4009  
City-St-Zip: HALLANDALE BEACH, FL 33009

**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: ANA PAULA RUANO

MGRM

08/22/2008

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