

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000040622

Entity Name: FL FAMILY REALTY LLC

FILED  
Mar 29, 2009  
Secretary of State

**Current Principal Place of Business:**

15933 SW 43 STREET  
MIAMI, FL 33185

**New Principal Place of Business:**

**Current Mailing Address:**

15933 SW 43 STREET  
MIAMI, FL 33185

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

HORTA, JACQUELINE  
6930 SW 159 PLACE  
MIAMI, FL 33193 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: ECHEVERRI, JAIRO  
Address: 15933 SW 43 STREET  
City-St-Zip: MIAMI, FL 33185

Title: MGRM ( ) Delete  
Name: ECHEVERRI, PAOLA  
Address: 15933 SW 43 STREET  
City-St-Zip: MIAMI, FL 33185

Title: MGRM ( ) Delete  
Name: ECHEVERRI, NATALIA  
Address: 15933 SW 43 STREET  
City-St-Zip: MIAMI, FL 33185

**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: JAIRO ECHEVERRI

P

03/29/2009

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