2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

ANNUAL REPURI							Jan 23, 2006 08:00 A				
DOCUMENT # L98000001550 1. Entity Name ROBERT R. POWELL FAMILY, L.C.								eretary			
Brincinal Plac	ca of Busines		Mailing Address			1					
Principal Place of Business 979 .W. 17TH STREET BOCA RATON, FL 33486			979 .W. 17TH STREET BOCA RATON, FL 33486		1 1800011011 1011		: ME::: BB(af !:Fet b	1 86 K itta 88 1	**************************************		
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01112006	Chg-LLC	CR2E083 (11/05)		
City & State			City & State		4. FEI Numbe 65-086			-	plied For t Applicable		
Zip	Country		Zîp Counti		ntry		of Status Desired	Fee	00 Add Required	itional 1	
	6. Name	and Address of Current	Registered Agent		Name	7. Name and	Address of New Re	egistered Ager	<u>it</u>		
OSBORNE, R. BRADY JR 979 S.W. 17TH STREET BOCA RATON, FL 33486			-			P.O. <u>Bo</u> x Numbe	r is Not Acceptable)	-		
					City			FL	Zip Code		
8. The above	e named entity tions of regist	y submits this statement for ered agent.	or the purpose of changing its	register	ed office or register	ed agent, or bot	h, in the State of Flo	rlda, I am famil	iar with, a	and accept	
SIGNATURE Signature, typed or printed name of registered agent and talls if applicable. (NOTE Registered Agent signature required when felfistating) DATE											
Filing Fee is \$50.00 Due by May 1, 2006								check payal Department			
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE	MGRM		Delete	TITL					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	979 S.W.	ROBERT R 17TH STREET TON, FL 33486			et address -st-zip		U000 N2/01/1	00039928 06-80004	.9 001	50.00	
TITLE	MGRM		Delete	TITLE					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	979 S.W.	DIANA LEE 17TH STREET TON, FL 33486		1	E Et address -51-21P		U1/25/0	29. 144 35	•	_	
TITLE	BOOKIG	1014,112 33400	☐ Delete	חונו			- GENERAL CONTROL		2 15(Change		
NAME STREET ADDRESS CITY-ST-ZIP			The second	NAM! STRE					nange	☐ Addition	
Title Avame Street address			☐ Delete	TITLE NAMI STRE	ł	-			Change	Addition	
CITY-ST-ZIP			☐ Delete	CITY- TITLE	-ST-ZIP				Change	Addition	
NAME Street Address City-St-Zip					et adoress St-Zip					4,1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition	
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTRORIZED REPRESENTATIVE Date Date Prove 4											
	SIGNATURE A	AD ITPED OR PRINTED NAME OF	signing managing member, man	AGER, OR	AUTHORIZED REPRESEN	ITATIVE	Dete	Daysime I	hone #	٠ إ	