


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90008 020 ****50.00

DOCUMENT # L02000009995 1. Entity Name FAMILY BANK DESIGN CENTER, LLC	
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Principal Place of Business 100 CROWN OAK CENTRE DRIVE LONGWOOD, FL 32750	Mailing Address 100 CROWN OAK CENTRE DRIVE LONGWOOD, FL 32750
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DO NOT WRITE IN THIS SPACE



04162006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 03-0434441	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BILELLO, JOSEPH J 100 CROWN OAK CENTRE DRIVE LONGWOOD, FL 32750
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BILELLO, JOSEPH J 100 CROWN OAK CENTRE DRIVE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BILELLO, LEISA 100 CROWN OAK CENTRE DR LONGWOOD, FL 32750
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing 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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE**

Date: 4/24/06 Daytime Phone #: 407 331 7330