

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009995

**FILED**  
**Apr 07, 2009**  
**Secretary of State**

**Entity Name:** FAMILY BANK DESIGN CENTER, LLC

**Current Principal Place of Business:**

100 CROWN OAK CENTRE DRIVE  
LONGWOOD, FL 32750

**New Principal Place of Business:**

110 CROWN OAK CENTRE DRIVE  
LONGWOOD, FL 32750

**Current Mailing Address:**

100 CROWN OAK CENTRE DRIVE  
LONGWOOD, FL 32750

**New Mailing Address:**

110 CROWN OAK CENTRE DRIVE  
LONGWOOD, FL 32750

FEI Number: 03-0434441

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BILELLO, JOSEPH J  
100 CROWN OAK CENTRE DRIVE  
LONGWOOD, FL 32750 US

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

BILELLO, JOSEPH J  
110 CROWN OAK CENTRE DRIVE  
LONGWOOD, FL 32750 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:

04/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BILELLO, JOSEPH J  
Address: 100 CROWN OAK CENTRE DRIVE  
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM ( ) Delete  
Name: BILELLO, LEISA  
Address: 100 CROWN OAK CENTRE DR  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BILELLO, JOSEPH J  
Address: 110 CROWN OAK CENTRE DRIVE  
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM (X) Change ( ) Addition  
Name: BILELLO, LEISA  
Address: 110 CROWN OAK CENTRE DR  
City-St-Zip: LONGWOOD, FL 32750

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: JOSEPH BILELLO

MGRM

04/07/2009

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