


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90123 021 \*\*\*\*50.00

**DOCUMENT # L02000031514**

1. Entity Name  
**MEMORIAL FAMILY PROPERTIES, LLC**



Principal Place of Business  
 10205 LAKE CARROLL WAY  
 TAMPA, FL 33618-4405

Mailing Address  
 10205 LAKE CARROLL WAY  
 TAMPA, FL 33618-4405



2. Principal Place of Business  
**2919 W. SWANN AVE**

3. Mailing Address  
**2919 W. SWANN AVE**

Suite, Apt. #, etc.  
**SUITE 101**

Suite, Apt. #, etc.  
**SUITE 101**

01192004 Chg-LLC CR2E083 (10/03)

City & State  
**TAMPA, FL**

City & State  
**TAMPA, FL**

4. FEI Number  
**42-1606701**

Applied For  
 Not Applicable

Zip Country  
**33609 US**

Zip Country  
**33609 US**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RUSH, BRIAN P ESQ WOODLIEF & RUSH, P.A. 3411-B WEST FLETCHER AVENUE TAMPA, FL 33618-2813 <i>Brian P. Rush</i>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FUCARINO, DANIEL D</b>		NAME	
STREET ADDRESS <b>10205 LAKE CARROLL WAY</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA, FL 336184405</b>		CITY-ST-ZIP	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BOBO, ABRAHAM ELI</b>		NAME	
STREET ADDRESS <b>449 MARMORA AVENUE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA, FL 33606</b>		CITY-ST-ZIP	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WILLIAMSON, TIM</b>		NAME	
STREET ADDRESS <b>15504 FENTRESS COURT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA, FL 33647</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.

**SIGNATURE:** *[Signature]* **Date:** *2/17/04* **Daytime Phone #:** *813 874 0795*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE