


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000044438**

1. Entity Name  
**PATTERSON FAMILY, LLC**



Principal Place of Business 6023 HAMMOCK WOODS DRIVE ODESSA, FL 33556	Mailing Address 6023 HAMMOCK WOODS DRIVE ODESSA, FL 33556
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**DO NOT WRITE IN THIS SPACE**



01062006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1251770	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, ROBERT L  
 6023 HAMMOCK WOODS DRIVE  
 ODESSA, FL 33556

**DO NOT WRITE IN THIS SPACE**

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 *Robert L. Patterson* Robert L. Patterson 01/06/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

000000381628  
 01/11/06-80061-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATTERSON FAMILY L.L.C. 6023 HAMMOCK WOODS DRIVE ODESSA, FL 33556
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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: *Robert L. Patterson* Robert L. Patterson 01/06/06 813.920.6130  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #