

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000125074

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** FAMILY OFFICE OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

1127 EDGEWATER DRIVE  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 540777  
ORLANDO, FL 32854

**New Mailing Address:**

FEI Number: 27-4655956

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SULLIVAN, STACY M  
1127 EDGEWATER DRIVE  
ORLANDO, FL 32804 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DOYLE, PATRICK J  
Address: 111 E. WASHINGTON STREET  
City-St-Zip: ORLANDO, FL 32801

Title: MGRM  
Name: BROWN, DONALD E  
Address: 935 ALAMEDA STREET  
City-St-Zip: ORLANDO, FL 32804

Title: MGRM  
Name: SULLIVAN, STACY M  
Address: 8372 GRANADA BLVD  
City-St-Zip: ORLANDO, FL 32836

I hereby 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: STACY SULLIVAN

MGRM

02/16/2011

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