2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2005 08:00 AM
Secretary of State

` ANNUAL REPORT					
1. Entity Nan	MENT # L0000010 ne FAMILY, L.L.C.	729		Sec	cretary of Stat
Principal Plac	ce of Business	Mailing Address			
1250 COLLE		1250 COLLEGE POINT	410	•	
WINTER PAR	RK, FL 32789 US	WINTER PARK, FL 32789	US		
1 0 0 A					
	O NOT WEITE	IN THIS SPA	CE	02042005 No Chg-LLC	CR2E083 (10/03)
				4. FEI Number 59-3673997	Applied For Not Applicable
			Mangary an ababan yanta man tan Manga Mangary an ababan yanta man tan Manga Mangaryan mana atau man panta ya	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent			منا منا السراف الماسية
KANE, STEVEN H 557 NORTH WYMORE ROAD, SUITE 100 MAITLAND, FL 32751				DO NOT WI	
			·	IN THIS SP	ACE
the obliga	tions of registered agent. Signature, typed or printed name of registered agent	and trite if applicable (NOTE Registe	red Agant signature required	when reinstaling)	OATE
Filing Fee is \$50.00 Due by May 1, 2005			000000255907 03/08/05-80033-012 50.00		
9.	MANAGING MEMBE	RS/MANAGERS			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE NAME	MGRM JAEGER, DONALD C				
STREET ADDRESS	1250 COLLEGE POINT		* 21 *	વેરાયું પરિણા કુંવા દેકાલી કરી હાલી છે.	
CATY-ST-ZIP	WINTER PARK, FL 32789		*****		
TITLE	MGRM				
NAME	JAEGER, SARAH P				· i · · · · · · · · · · · · · · · · · ·
STREET ADDRESS CITY-ST-ZIP	1250 COLLEGE POINT WINTER PARK, FL 32789			The state of the s	
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NAME				المراجعة ال المراجعة المراجعة ال	
STREET ADDRESS CITY-ST-ZIP			minima ranki de d	DO NOT W	RITE
TITLE				IN THIS SP	ACE
NAME STREET ADDRESS					· · · · · · · · · · · · · · · · · · ·
City-St-ZIP				en financia de la composición de la co La composición de la	-
TITLE			22. 1. 22. 1. 2. 19. 50. 11. 1	त्रकार क्षेत्रकार प्रशासन्त । अस्ति । अस्ति । अस्ति	
NAME				A CONTRACTOR OF THE STATE OF TH	and the second of the second
STREET ADDRESS	1				

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 true receiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #