

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003505

FILED
Apr 10, 2009
Secretary of State

Entity Name: THE KIRKLAND FAMILY JOINT VENTURE OF VOLUSIA COUNTY, LLC.

Current Principal Place of Business:

4328 STATE RD 44
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

4328 STATE RD 44
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 59-3688457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KIRKLAND, FAY LAVERNE
4328 STATE RD 44
NEW SMYRNA BEACH, FL 32168 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 () Delete
Name: SCHWARTZ, GLORIA JEAN
Address: 293 FLORATAM TRL
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM () Delete
Name: JIMENEZ, DEBORAH ANN
Address: 263 FLORATAM TR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM () Delete
Name: CARBAJAL, KAREN ANITA
Address: 305 FLORATAM TR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM () Delete
Name: KIRKLAND, FAY LAVERNE
Address: 4140 S.R. 44
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM () Delete
Name: KIRKLAND, WARD ALLAN
Address: 325 KIRKLAND DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FAY LAVERNE KIRKLAND

MGRM

04/10/2009

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