

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000018607

1. Entity Name
DAISLEY FAMILY LLC



Principal Place of Business
**1906 HILLSDALE PLACE
SARASOTA, FL 34231**

Mailing Address
**1906 HILLSDALE PLACE
SARASOTA, FL 34231**



01052005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0560861

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAISLEY, RUTH O
1906 HILLSDALE PLACE
SARASOTA, FL 34231**

**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 _____

Signature typed or printed name of registered agent and the date of filing

NOTE: Registered Agent signature required when re-registering

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DAISLEY, ROBERT
STREET ADDRESS	1906 HILLSDALE PL
CITY ST ZIP	SARASOTA, FL 34231
TITLE	MGRM
NAME	LYONS, SUSANNE
STREET ADDRESS	PO BOX 1406
CITY ST ZIP	ROSS, CA 94947
TITLE	MGRM
NAME	DAISLEY, JANET
STREET ADDRESS	32 WOODLOT ROAD
CITY ST ZIP	AMHERST, MA 01002
TITLE	MGRM
NAME	DAISLEY, WILLIAM
STREET ADDRESS	11786 HARBORSIDE CIRCLE N
CITY ST ZIP	LARGO, FL 33773
TITLE	MGRM
NAME	DAISLEY, DONALD
STREET ADDRESS	6425 ESQUIRE DR
CITY ST ZIP	ELDERSBURG, MD 21784
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

000000176780
01/11/05-80009-025 50.00

**DO NOT WRITE
IN THIS SPACE**

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

Ruth O. Daisley **RUTH O. DAISLEY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

901
923-5142