
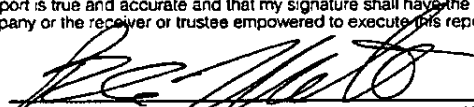


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90161 015 \*\*\*\*50.00

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>DOCUMENT # L02000002700</b><br>1. Entity Name<br><b>AMERICAN FAMILY FINANCIAL, LLC</b>   |   |   |   |                              |  |
| Principal Place of Business<br><b>7606 N. LOCKWOOD RIDGE ROAD<br/>SARASOTA FL 34243</b>   |   |   | Mailing Address<br><b>7606 N. LOCKWOOD RIDGE ROAD<br/>SARASOTA FL 34243</b> |   |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |   |  |
| City & State  |   | City & State  |   |   |  |
| Zip   | Country   | Zip   | Country   |   |  |
| 6. Name and Address of Current Registered Agent   |   |   |   | 7. Name and Address of New Registered Agent   |  |
| <b>MARQUETTE, BRIAN K<br/>4828 PALM AIRE DRIVE<br/>SARASOTA FL 34243</b>  |   |   |   | Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2004</b>  |   |   |   |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |   | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>MARQUETTE, BRIAN K<br/>4828 PALM AIRE DRIVE<br/>SARASOTA FL 34243</b> | <input type="checkbox"/> Delete                                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGR<br/>Marquette, Craig<br/>630 Magellan DR.<br/>Sarasota, FL 34243</b>       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete                                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete                                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete                                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. |   |   |   |   |  |
| <b>SIGNATURE:</b>  <b>2/2/04</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |   |   |   |  |