

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000002700

1. Entity Name
AMERICAN FAMILY FINANCIAL, LLC



Principal Place of Business
**7606 N. LOCKWOOD RIDGE ROAD
SARASOTA, FL 34243**

Mailing Address
**7606 N. LOCKWOOD RIDGE ROAD
SARASOTA, FL 34243**



03052008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0000729

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARQUETTE, BRIAN K
4975 CANTERBURY DRIVE
SARASOTA, FL 34243**

**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, and I am familiar with and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

3/5/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MARQUETTE, BRIAN K
4975 CANTERBURY DRIVE
SARASOTA, FL 34243**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ELLIOT, DIANE L
1120 GRAND BLVD.
WAUCAUNDA, IL 60084**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MARQUETTE, DEBRA A
4975 CANTERBURY DR.
SARASOTA, FL 34243**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/5/08