2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2009
Secretary of State

DOCUMENT# L02000022394

Entity Name: GILLMAN FAMILY HOLDINGS, LLC

Current Principal Place of Business:

1418 SYMPHONY COURT
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

1418 SYMPHONY COURT
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 25-3080042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILLMAN, T. PATRICK
5010 MAPLE GLEN PLACE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

GILLMAN, T. PATRICK
837 WOOD BRIAR LOOP
SANFORD, FL 32771 US

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: 01/18/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GILLMAN, T. PATRICK
Address: 1418 SYMPHONY COURT
City-St-Zip: ORLANDO, FL 32804

Title: MGR ( ) Delete
Name: GILLMAN, THOMAS P SR
Address: 1418 SYMPHONY COURT
City-St-Zip: ORLANDO, FL 32804

Title: MGR ( ) Delete
Name: GILLMAN, KATHLEEN
Address: 1418 SYMPHONY COURT
City-St-Zip: ORLANDO, FL 32804

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:

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: KATHLEEN GILLMAN MGR 01/18/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date