2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2009
Secretary of State

DOCUMENT# L02000026546

Entity Name: W.P. & M.J. WRIGHT FAMILY, L.L.C.

Current Principal Place of Business:

61957 RIVER ROAD
CALLAHAN, FL 32011

New Principal Place of Business:

Current Mailing Address:

61957 RIVER ROAD
CALLAHAN, FL 32011

New Mailing Address:

FEI Number: 52-2413536 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLACKBURN & COMPANY, L.C.
5150 BELFORT ROAD SOUTH
BUILDING 500
JACKSONVILLE, FL 32256 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:	P	( ) Delete
Name:	PETER WIRGHT, WILLIAM	
Address:	955 HOLSTEIIN LANE	
City-St-Zip:	BAXLEY, GA 31513	
Title:	ST	( ) Delete
Name:	HIGGINBOTHAM, BETTY W	
Address:	25417 WOOLIE B LN	
City-St-Zip:	CALLAHAN, FL 32011	
Title:	MGRD	( ) Delete
Name:	HIGGINBOTHAM, DONNA W	
Address:	612125 RIVER RD	
City-St-Zip:	CALLAHAN, FL 32011	
Title:	MGRD	( ) Delete
Name:	LLOYD, SALLY W	
Address:	20213 57TH RD	
City-St-Zip:	LAKE CITY, FL 320242113	
Title:	MGRD	( ) Delete
Name:	WHITTY, VICKIE W	
Address:	166 BOVINE DR	
City-St-Zip:	MERSHON, GA 31551	
Title:	MGRD	( ) Delete
Name:	DAVIS, ARLENE W	
Address:	186 BOVINE DR	
City-St-Zip:	MERSHON, GA 31551	

ADDITIONS/CHANGES:

Title:	P	(X) Change ( ) Addition
Name:	WRIGHT, WILLIAM P	
Address:	955 HOLSTEIIN LANE	
City-St-Zip:	BAXLEY, GA 31513	
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: BETTY W. HIGGINBOTHAM ST 02/15/2009

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