

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026550

FILED  
Feb 15, 2009  
Secretary of State

Entity Name: WRIGHT'S NASSAU COUNTY 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: 56-2555300

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 WRIGHT, WILLIAM  
Address: 955 HOLSTEIN LANE  
City-St-Zip: BAXLEY, GA 31513

Title: ST ( ) Delete  
Name: HIGGINBOTHAM, BETTY W  
Address: 25417 WOOLIE B LANE  
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: ( ) 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:

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