## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 28, 2008 08:00 AM Secretary of State

ANNUAL REPORT				ren 20, 2000 uo:uu	
DOCUMENT # L02000031205  1. Entity Name THE TUCKER FAMILY LLC				50	ecretary of Sta
104 NW 7TH	e of Business I AVE E, FL 34972	-Mailing Address 104 NW 7TH AVE OKEECHOBEE, FL 34972			
				02042008 No Chg-LLC	CR2E083 (12/07)
DO NOT WRITE IN THIS SPA			CE	4. FEI Number 05-0564413	Applied For Not Applicable  \$5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent	-		
TUCKER, BOBBY 104 NW 7TH AVE OKEECHOBEE, FL 34972			DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for cons of registered agent.  Signalure, typed or printed name of registered agent.		ed office or register		a. I am familiar with, and accept
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				49000008	
9.	MANAGING MEMBE	RS/MANAGERS	I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUCKER, BOBBY 104 N.W. 7TH AVENUE OKEECHOBEE, FL 34972				
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO NOT WR	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPA	ACE
NAME STREET ADDRESS CITY-ST-ZIP				•	, <del>.</del>
NAME	**		E		arms the residence was the residence

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:

STREET ADDRESS CITY-ST-ZIP

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

2-26-08 /863-763-40

Daytime Phone #