


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90065 033 ****50.00

DOCUMENT # L02000034226 1. Entity Name WURN FAMILY LIMITED LIABILITY COMPANY					
Principal Place of Business 6014 SAN JOSE BLVD. JACKSONVILLE, FL 32217			Mailing Address 6014 SAN JOSE BLVD. JACKSONVILLE, FL 32217		
2. Principal Place of Business - No P.O. Box # 6750 Epping Forest Way N		3. Mailing Address 6750 Epping Forest Way N			
Suite, Apt. #, etc. 113		Suite, Apt. #, etc. 113			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 04-3732779	
Zip 32217		Country Duval		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WURN, LONNIE 6014 SAN JOSE BLVD. JACKSONVILLE, FL 32217		7. Name and Address of New Registered Agent Name Wurn, Lonnie Street Address (P.O. Box Number is Not Acceptable) 6750 Epping Forest Way n., Apt. 113 City Jacksonville FL Zip Code 32217			
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WURN, LONNIE 6014 SAN JOSE BLVD JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Wurn, Lonnie 6750 Epping Forest Way N., Apt.113 Jacksonville, FL 32217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WURN, EMILY 6014 SAN JOSE BLVD JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Wurn, Emily 6750 Epping Forest Way N., Apt.113 Jacksonville, FL 32217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WURN, LAWRENCE J 6840 NE 225TH ST MELROSE, FL 32666	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WURN, JACQUELINE 82 ALPINE WAY BOULDER, CO 80304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SACK, JEANNE 15 ENCANTO AVE SAN FRANCISCO, CA 94115	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Emily Wurn</u> Emily Wurn <u>4/27/07</u> 904-739-5696 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					