
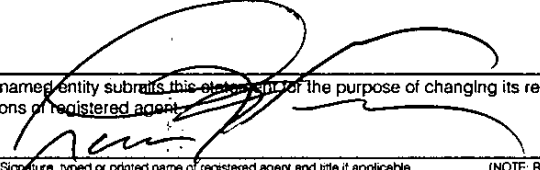
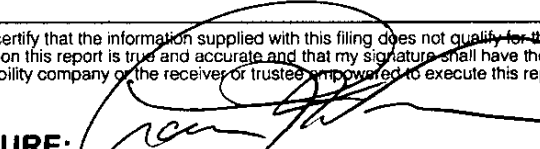


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90097 010 ***138.75

DOCUMENT # L02000034226					
1. Entity Name WURN FAMILY LIMITED LIABILITY COMPANY					
Principal Place of Business 6750 EPPING FOREST WAY N 113 JACKSONVILLE, FL 32217			Mailing Address 6750 EPPING FOREST WAY N 113 JACKSONVILLE, FL 32217		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-3732779	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WURN, LONNIE 6750 EPPING FOREST WAY N 113 JACKSONVILLE, FL 32217			7. Name and Address of New Registered Agent Name <u>Lawrence J. Wurn</u> Street Address (P.O. Box Number is Not Acceptable) 6840 NE 225th St. City <u>Melrose,</u> FL Zip Code <u>32666</u>		
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		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 6750 EPPING FOREST WAY N 113 JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WURN, EMILY 6750 EPPING FOREST WAY N 113 JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete			
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	MGR WURN, JACQUELINE 82 ALPINE WAY BOULDER, CO 80304	<input type="checkbox"/> Delete			
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	MGR SACK, JEANNE 15 ENCANTO AVE SAN FRANCISCO, CA 94115	<input type="checkbox"/> Delete			
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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					