

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034226

FILED
Apr 14, 2009
Secretary of State

Entity Name: WURN FAMILY LIMITED LIABILITY COMPANY

Current Principal Place of Business:

6750 EPPING FOREST WAY N 113
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

6750 EPPING FOREST WAY N 113
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 04-3732779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WURN, LONNIE
6750 EPPING FOREST WAY N 113
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

WURN, LAWRENCE J
6840 NE 225TH ST.
MELROSE, FL 32666 US

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: LAWRENCE J. WURN

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR (X) Delete
Name: WURN, LONNIE
Address: 6750 EPPING FOREST WAY N 113
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGR () Delete
Name: WURN, EMILY
Address: 6750 EPPING FOREST WAY N 113
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGR () Delete
Name: WURN, LAWRENCE J
Address: 6840 NE 225TH ST
City-St-Zip: MELROSE, FL 32666

Title: MGR () Delete
Name: WURN, JACQUELINE
Address: 82 ALPINE WAY
City-St-Zip: BOULDER, CO 80304

Title: MGR () Delete
Name: SACK, JEANNE
Address: 15 ENCANTO AVE
City-St-Zip: SAN FRANCISCO, CA 94115

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:

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: LAWRENCE J. WURN

MGR

04/14/2009

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