


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2006 8:00 am
Secretary of State

07-05-2006 90105 017 ****55.00

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| DOCUMENT # L02000034929 |  |
| 1. Entity Name FAMILY RESOURCE CENTER, L.L.C. | |

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|---|---|
| Principal Place of Business 1427 OAKFIELD DRIVE BRANDON, FL 33511 | Mailing Address P.O. BOX 1098 BRANDON, FL 33509 |
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|--|---------------------|
| 2. Principal Place of Business 1336 OAKFIELD DRIVE | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State BRANDON, FL | City & State |
| Zip 33511 | Country |



04052006 Chg-LLC CR2E083 (11/05)

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|--|--|
| 4. FEI Number 59-3203684 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent VAN AMAN, NANCY 1427 OAKFIELD DRIVE BRANDON, FL 33511 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1336 OAKFIELD DRIVE City BRANDON FL Zip Code 33511 |
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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 reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C VAN AMAN, NANCY 1427 OAKFIELD DRIVE BRANDON, FL 33511 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1336 OAKFIELD DRIVE BRANDON, FL 33511 <input checked="" 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 |
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| 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:  **NANCY A. VAN AMAN** **4/5/06** **813-684-5048**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #