


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000013198 1. Entity Name MACPHAIL FAMILY HOLDINGS, LLC	
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Principal Place of Business 1451 GLOBAL COURT SARASOTA, FL 34240	Mailing Address 1451 GLOBAL COURT SARASOTA, FL 34240
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DO NOT WRITE IN THIS SPACE



02172005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0989625	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DUMBAUGH, JOHN D 1900 RINGLING BLVD. SARASOTA, FL 34236
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**DO NOT WRITE
IN THIS SPACE**

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.

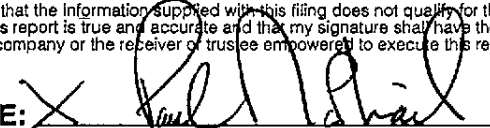

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACPHAIL, GORDON A 5569 SIESTA ESTATES CT. SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACPHAIL, PAUL W 1671 NORTH DR. SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACPHAIL, ROY 4099 GREEN TREE AVE. SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE:  4/6/2005 9419156172

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