

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000013198		
1. Entity Name MACPHAIL FAMILY HOLDINGS, LLC		

Principal Place of Business 1451 GLOBAL COURT SARASOTA FL 34240	Mailing Address 1451 GLOBAL COURT SARASOTA FL 34240
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E083 (10/05)

4. FEI Number 20-0989625	Applied For ☐ Not Applied
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DUMBAUGH, JOHN D 1900 RINGLING BLVD. SARASOTA FL 34236	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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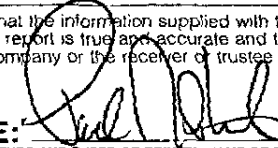
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MACPHAIL, GORDON A 6569 SIESTA ESTATES CT. SARASOTA FL 34242	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000422675 02/17/06-80026-016 50.00	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MACPHAIL, PAUL W 1671 NORTH DR. SARASOTA FL 34239	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MACPHAIL, ROY 4099 GREEN TREE AVE. SARASOTA FL 34233	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Paul MacPhail President** **2-1-06 9413517331**