


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90213 004 ****50.00

DOCUMENT # L03000017912	
1. Entity Name THE LILLIAN AUSTIN FAMILY, LLC	

Principal Place of Business 1910 VIRGINIA AVENUE #1002 FORT MYERS, FL 33901	Mailing Address P.O. BOX 8 ALVA, FL 33920 US
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2. Principal Place of Business - No P.O. Box # 21141 Palm Beach Blvd.	3. Mailing Address Suite, Apt. #, etc.
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City & State Alva, FL	City & State
Zip 33920	Country US



03042007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent AUSTIN, GEORGE H 21141 PALM BEACH BLVD. ALVA, FL 33920	
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4. FEI Number 20-0204953	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____	DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AUSTIN, GEORGE H 1910 VIRGINIA AVENUE #1002 FORT MYERS, FL 33901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Austin, George H 21141 Palm Beach Blvd. Alva, FL 33920 <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
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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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: _____	George H. Austin	3-05-07	239-694-5538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #