

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025990

Entity Name: FAMILY FIRST, LLC

FILED
Jan 11, 2005
Secretary of State

Current Principal Place of Business:

405 NORTH HALIFAX AVENUE
#106
DAYTONA BEACH, FL 32118 US

New Principal Place of Business:

1 FOX HOLLOW DR
ORMOND BEACH, FL 32174 US

Current Mailing Address:

405 NORTH HALIFAX AVENUE
#106
DAYTONA BEACH, FL 32118 US

New Mailing Address:

1 FOX HOLLOW DR
ORMOND BEACH, FL 32174 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KENNEDY, ALEX
405 NORTH HALIFAX AVE #106
DAYTONA, FL 32118 US

Name and Address of New Registered Agent:

KENNEDY, ALEX
1 FOX HOLLOW DR
ORMOND BEACH, FL 32174 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:

01/11/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KENNEDY, ALEX
Address: 51 THOREAU ROAD
City-St-Zip: PLYMOUTH, MA 02360 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KENNEDY, ALEX
Address: 1 FOX HOLLOW DR
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGR () Change (X) Addition
Name: KENNEDY, CRYSTAL
Address: 1 FOX HOLLOW DR
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALEX KENNEDY

MGRM

01/11/2005

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