2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 16, 2008 08:00 Al Secretary of State **DOCUMENT # L03000056385** 1. Entity Name AMRHEIN FAMILY LIMITED LIABILITY COMPANY Principal Place of Business Mailing Address **575 ECON RIVER PLACE 575 ECON RIVER PLACE** OVIEDO, FL 32765 OVIEDO, FL 32765 01132008No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2277766 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AMRHEIN, JAMES A DO NOT WRITE **575 ECON RIVER PLACE OVIEDO, FL 32765** 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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000901242 MANAGING MEMBERS/MANAGERS 9. MGR TITLE AMRHEIN, JAMES A MARAF STREET ADDRESS 575 ECON RIVER PLACE CITY-ST-ZIP OVIEDO, FL 32765 TITLE MGR AMRHEIN, JACQUELINE M NAME STREET ADDRESS 575 ECON RIVER PLACE CITY-ST-ZIP **OVIEDO, FL 32765** TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CXTY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the Information supplied with this filling 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:

FILED