## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 27, 2005 8:00 am Secretary of State

Principal Place of Business 1217 ARPORT RD, STE 419	DOCUMENT # L0400006273  1. Entity Name FAMILY EQUITY INVESTMENTS, LLC						04-27-2005	90023 00:	5 ****5	0.00
Test   Country	Driveriant Diagram	a of Descious	Malling Address			-	140	U144t	)	
Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   CR2E083 (10/03)   Cright State   CR2E083 (10/03)   Cright State   CR2E083 (10/03)   CR2E	1217 AIRPOR	RT RD, STE 419	1217 AIRPORT RD, STI	E 419						<b></b>
City & State  Ci	2. Principal P	face of Business	3. Mailing Address							
Zip	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04142005	Chg-LLC	CR2E083	(10/03)	
Part			City & State					<del></del>		
Name	Zip			Count	ry			Fe	e Required	
PHILLIPS RUPERT E 1217 AIRPORT RD, STE 419   Delete   Make   Singer Audress   P.O. Box Number is Not Acceptable   P.O. Box Number is		6. Name and Address of Current F	legistered Agent		Name	7. Name and	Address of New Re	gistered Age	ent	
1217 AIRPORT RD, STE 419   DESTIN, FL 32541   Single Address (P.O. Box Number is Not Acceptable)   Single Address (P.O. Box Number is Not Acceptable   Single Address (P.O. Box Number is Not Acceptable)   Single Address (P.O. Box Number is Not	PHILLIPS	RUPERTE			Name					
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept replaced agent.    International Content of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept agent.	1217 AIRP	ORT RD, STE 419			Street Address	(P.O. Box Numbe	r is Not Acceptable	)		
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept to be obligations of registered agent.    Signature   Fliling Fee is \$50.00   Due by May 1, 2005   Provide page of changing its registered Agent separate required when remarking)   DATE				ļ	City				Zip Code	9
SIGNATURE    Filling Fee is \$50.00	8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or registe	red agent, or bot	h, in the State of Flor		niliar with,	and accept
Filling Fee is \$50.00 Discription of printed rare of registered spent and the flapplicable will flappl	•									
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  TITLE MARE PHILLIPS, RUPERT E STREET ADDRESS CITY-ST-2P DESTRICT, FL 32541  TITLE MARE STREET ADDRESS CITY-ST-2P CITY-ST-2		Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTI	E: Registered	Agent signature require	d when reinstating)		DATE		
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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 empoyered to execute this paper as required by Chapter 608, Plorida Statutes.

SIGNATURE:

ME OF SIGNING MANAGING MEMBER, MANAGEN, OR AUTHORIZED REPRESENTATIVE

4/2/05

850.650.520

Daytime Phone #