2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000024242

1. Entity Name
FAMILY PROJECT LLC

Principal Place of Business	Mailing Address
1100 POINT OF ROCKS RD SARASOTA, FL 34242	1100 POINT OF ROCKS RD SARASOTA, FL 34242

03252008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0938796

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FLOOD, DONALD
1100 POINT OF ROCKS ROAD
SARASOTA, FL 34242

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

000000871202
04/09/08-80122-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LARSEN, DAVID D
STREET ADDRESS	1100 POINT OF ROCKS RD
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	MGRM
NAME	FLOOD, DONALD
STREET ADDRESS	1100 POINT OF ROCKS RD
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	MGRM
NAME	FLOOD, MICHAEL
STREET ADDRESS	1100 POINT OF ROCKS RD
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Donald Flood 3/25/08 941-349-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #